



# Homeland Security Exercise and Evaluation Program (HSEEP)

Volume IV: Sample Documents and Formats

February 2006



Homeland  
Security

**U.S. DEPARTMENT OF HOMELAND SECURITY**

# **Homeland Security Exercise and Evaluation Program**

**Volume IV: Sample Exercise Documents  
and Formats**

## Introduction

*Homeland Security Exercise and Evaluation Program (HSEEP) Volume IV: Sample Documents and Formats* provides sample exercise documents and formats to be used and/or modified by exercise planners when designing and developing exercises and managing exercise programs. Included materials are organized consistent with the outline and contents of the other volumes in the HSEEP manual series.

### Contents

- Program Management - Contains sample materials for use in developing and managing an exercise program, such as Project Management Timelines.
- Planning - Contains sample materials for designing, developing, conducting, and evaluating exercises, such as example Situation Manuals (SITMANs) and Exercise Evaluation Guides (EEGs).
- Multimedia Library - Contains video clips, sounds, and pictures that may be inserted into documentation or presentations to add a sense of realism.
- References - Contains homeland security community resources such as publications, Web sites, and acronyms/definitions.
- Volunteered Materials - Contains examples of documentation posted voluntarily by the planners and program managers who used them in actual exercises and exercise programs.

It is the intention that exercise planners with any level of exercise experience can use these samples. *HSEEP Volumes I and II* provide Project Management Timelines which support the use of these templates by listing the systematic process and action items to be accomplished during each phase of exercise planning, conduct, and evaluation. These sample documents support the planning, conduct, and evaluation phases and processes discussed in *HSEEP Volumes I, II, III, and V*. Many of the *HSEEP Volume IV* sample documents also include a brief description and instructions for their use.

### Document Modification

The sample materials provided in *HSEEP Volume IV* represent a useful set of resources for planning, conducting, and evaluating a successful exercise, but are not exhaustive. They are meant to serve as a starting point from which exercise planners should incorporate the goals and unique considerations of the exercising entity, thus tailoring the exercise to their specific needs.

Users should keep in mind that all materials can be adapted to accommodate any exercise focus, type, scenario, or scope. Reflecting the “all-hazards” approach of the HSEEP Policy and Guidance, *Volume IV* materials can be modified to address any preparedness issue. Likewise, the materials should be adaptable to any of the seven HSEEP-recognized exercise types (seminar, workshop, tabletop, game, drill, functional [FE], and full-scale [FSE]). For example, an Exercise Plan (EXPLAN) originally developed for a FSE could be altered to meet the requirements of a FE as well. Further, the original scope or scale included in the sample exercise materials can be altered to accommodate

either a larger or smaller exercise.

To facilitate modifications, *HSEEP Volume IV* provides templates and example materials. Templates use an outline format for commonly used exercise materials that users can modify and tailor to meet specific needs. Example materials are finished products that demonstrate what a template product should look like when completed. Users may choose the format with which they feel most comfortable but should exercise caution when using example materials – particularly those containing scenario-related information such as Situation Manuals (SITMANs) – and not simply fill-in-the-blank or copy-and-paste information into a document without ensuring content accuracy and pertinence.

*HSEEP Volume IV* materials are not disseminated in an effort to design and develop “canned” or “boiler-plate” exercises. The intent behind making these documents available to a wide audience is to lessen the burden on exercise planners. Many of these materials, especially those that present an exercise scenario, should be tailored to reflect the specific requirements of a given exercise. Tailoring creates a unique exercise that is custom fitted to the specific needs or attributes of the participants and provides an added dimension of exercise realism. However, it is important to remember that exercise success is ultimately based on participant actions, be they discussions or actual response activities. Exercise documents and materials simply lay the foundation for these player actions.

### ***Exceptions to Modification***

While all *HSEEP Volume IV* sample materials are designed and arranged to be adaptable and easily modified, certain documents – the After Action Report/Improvement Plan (AAR/IP), and Exercise Evaluation Guides (EEGs) – should remain in the same format. Whereas most exercise documentation has a generally accepted but highly flexible structure, these two items have an expressly defined format and structure and consequently, should remain in the provided formatting style.

### ***Document Sources***

Many of the *HSEEP Volume IV* materials are based on proven exercise programs, have been vetted through several organizations, and have gone through numerous iterations and revisions. Whereas it is evident that many materials derive from the same program, *HSEEP Volume IV* is intended to be a compilation of best practice materials from a variety of exercise programs. Likewise, although these materials are disseminated on behalf of DHS and its partner agencies, the processes and documents can be adapted to exercise programs sponsored by other Federal agencies or any organization.

### ***Available Electronic Formats***

Electronic versions of *HSEEP Volume IV* materials are available **only** in Microsoft Word and PowerPoint.



### ***Volume Evolution***

*HSEEP Volume IV* materials are constantly evolving based on innovative ideas and changing conditions. In an effort to provide users with the best example materials available, new, updated, and revised materials will be posted to the DHS website as they become available. As stewards of the HSEEP, the DHS Preparedness Directorate's Office of Grants and Training (G&T) will accept ideas, documentation, or innovative materials for enhancing the exercise planning process. Program users can submit comments and volunteer materials for inclusion in the *HSEEP Volume IV* database directly through [hseep@dhs.gov](mailto:hseep@dhs.gov) or by calling the G&T Centralized Scheduling and Information Desk (CSID) Help Line at (800) 368–6498.

### ***For Official Use Only (FOUO)***

The information and materials provided in *HSEEP Volume IV* are unclassified. However, some materials may require further restrictions once jurisdiction- or organization-specific data has been added. Exercise materials that are produced in accordance with HSEEP guidance and are deemed sensitive should be designated as “For Official Use Only” (FOUO). FOUO is not a classification but it does make clear to participants that the material is sensitive and should be handled with care. Examples of materials that may require FOUO designations include AAR/IPs, Master Scenario Event Lists (MSELs), and materials that include scenario information.

# Homeland Security Exercise and Evaluation Program (HSEEP) Volume IV: Sample Documents and Formats (2006)

## Section 1 - Program Management

The HSEEP Volume IV provides sample exercise documents, formats, multimedia files, and policy guidance for exercise planning. The following resources were archived on October 7, 2015 from: [https://web.archive.org/web/20090112224736/https://hseep.dhs.gov/hseep\\_vols/default1.aspx?url=home.aspx](https://web.archive.org/web/20090112224736/https://hseep.dhs.gov/hseep_vols/default1.aspx?url=home.aspx)

## Program Management

Program Management > Exercise Planning Workshop (EPW)

- Improvement Planning Workshop Brief Template
- Improvement Planning Workshop Users' Handbook
- Improvement Planning Workshop Worksheet
- Training and Exercise Planning Workshop Brief Template
- Training and Exercise Planning Workshop Users' Handbook
- Training and Exercise Planning Workshop Worksheet
- Multi-Year Training and Exercise Calendar Template

Program Management > Policies

- Exercise Weapons Policy
- FEMA Weapons Policy

# [Jurisdiction/Agency] Improvement Planning Workshop (IPW)



FEMA

# Welcome and Introductions



FEMA

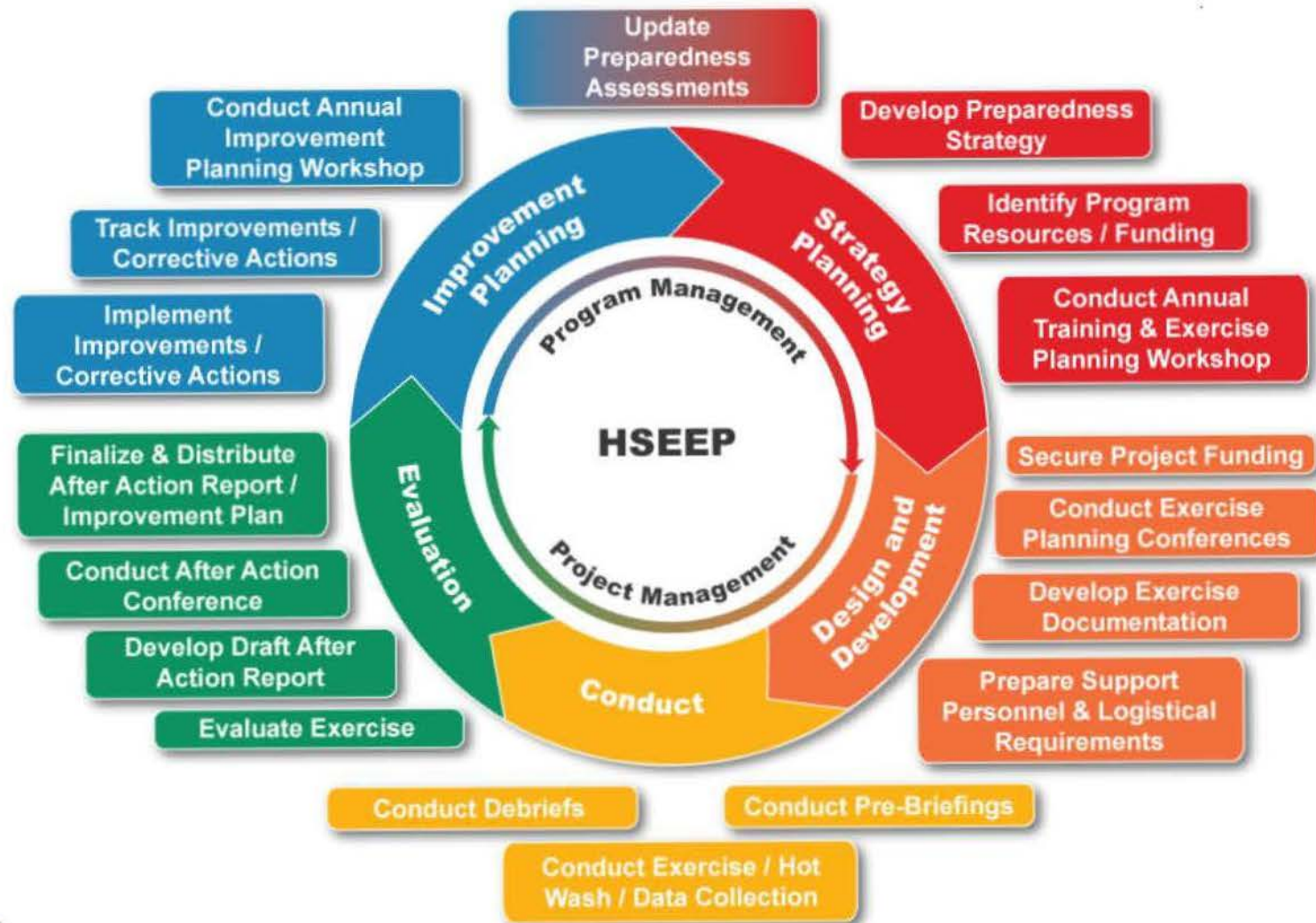
# Agenda

- Overview of the Improvement Planning Workshop (IPW)
- Previous Year's Training and Exercise Plan (TEP) Progress
- Homeland Security Strategy Briefs
- [Jurisdiction/Agency] Capability/Threat Assessment
- Improvement Planning Activities
- Closing Remarks



FEMA

# Training and Exercise Strategy



FEMA

# IPW Purpose

- Develop exercise priorities using capability, needs, and risk assessments and previous years' real-world events and exercises.
- Support development of a more cohesive TEP.
  - Review priorities with colleagues to ensure these are the correct priorities before the Training and Exercise Planning Workshop (TEPW).
  - Better prepare TEPW participants.



FEMA

# Multi-Year Training and Exercise Plan (TEP) Progress



FEMA



# [Host Jurisdiction/Agency] Capability/Threat/Needs Assessment



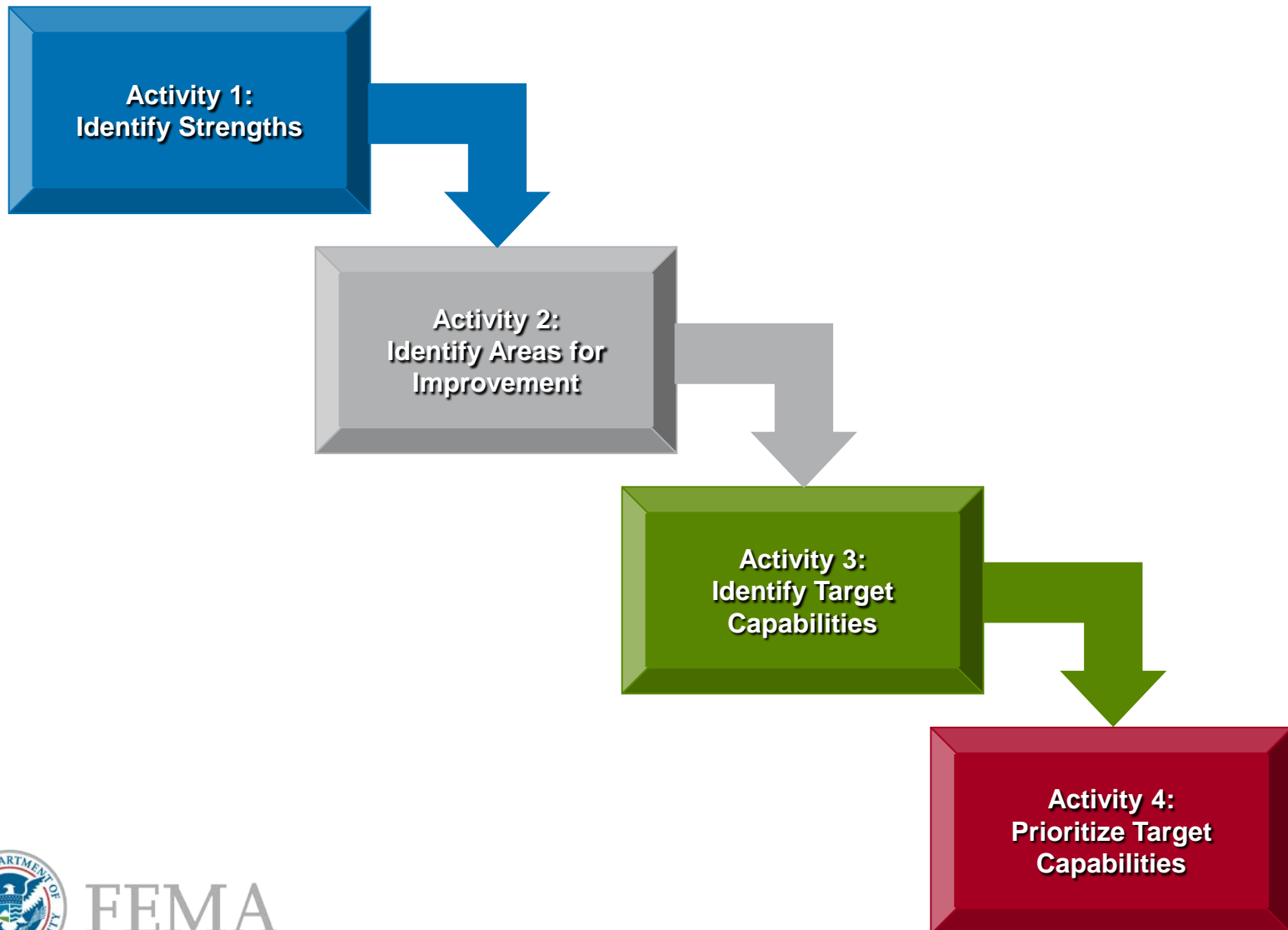
FEMA

# [Participant Jurisdiction/Agency] Briefs



FEMA

# TEPWW Activities



FEMA

# Activity 1: Identify Strengths

## Objective

Determine strengths that can be shared with other agencies and jurisdictions.

## Time

Activity: 30 minutes

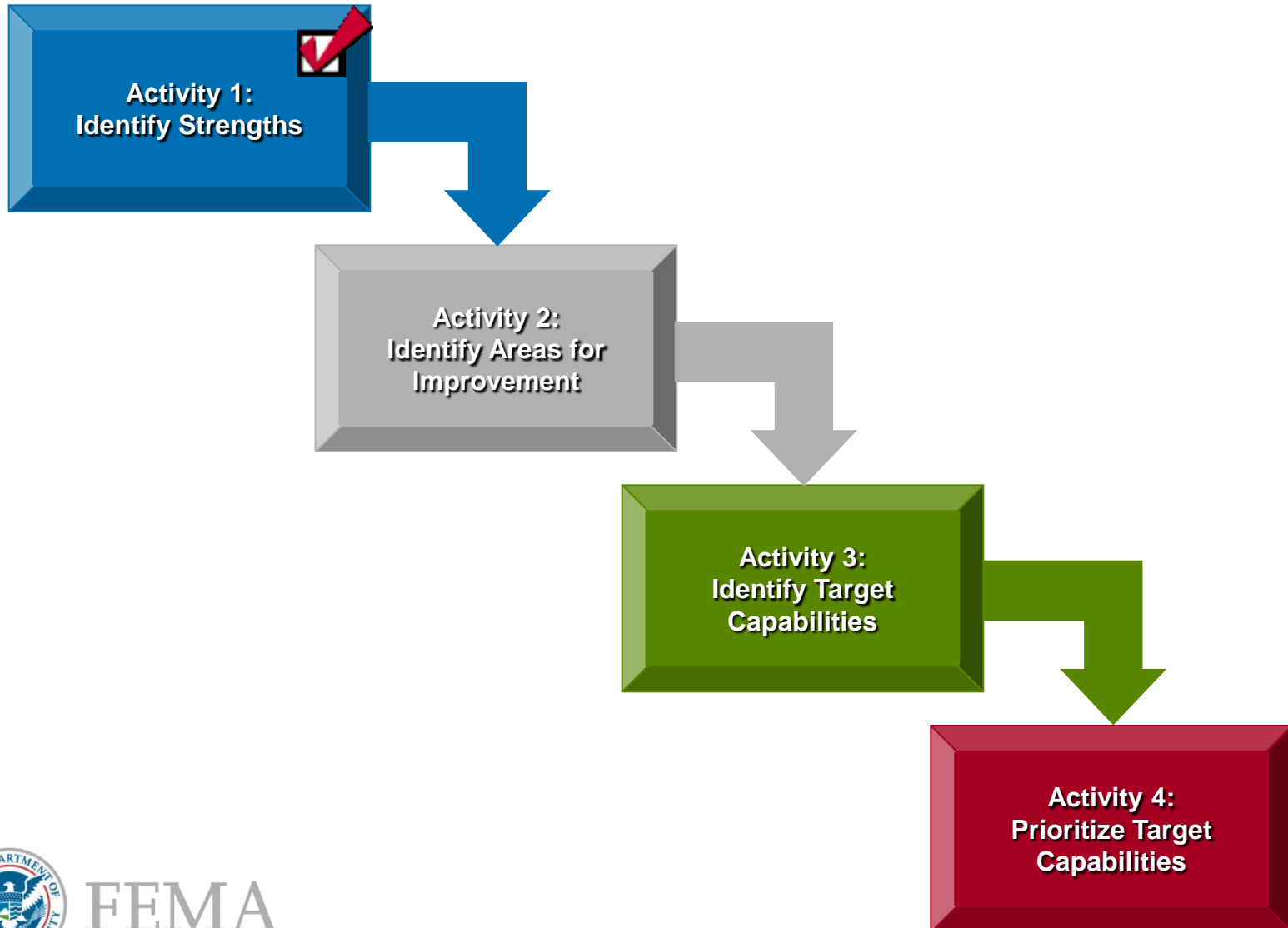
## Instructions

1. Identify what worked well during previous real-world events and exercises.
2. Identify Improvement Plan action items that have been validated through real-world events and exercises.



FEMA

# TEPWW Activities



FEMA

## Activity 2: Identify Areas for Improvement

### Objective

Develop areas for improvement.

### Instructions

1. Identify areas for improvement from previous real-world events and exercises.
2. Identify potential threats and risks.

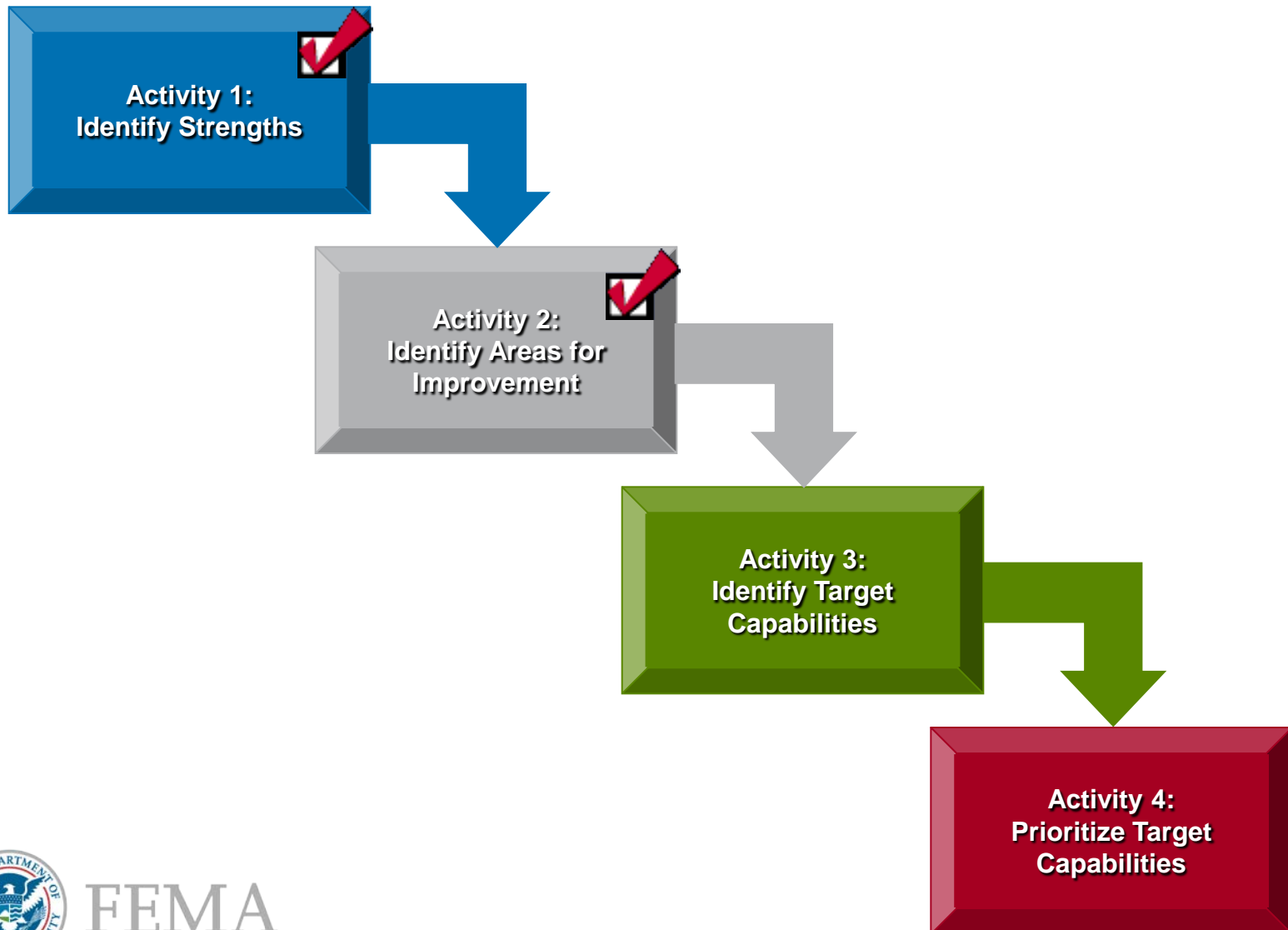
### Time

Activity: 90 minutes



FEMA

# TEPWW Activities



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# Activity 3: Identify Target Capabilities

## Objective

Develop a list of associated target capabilities.

## Time

Activity: 60 minutes

## Instructions

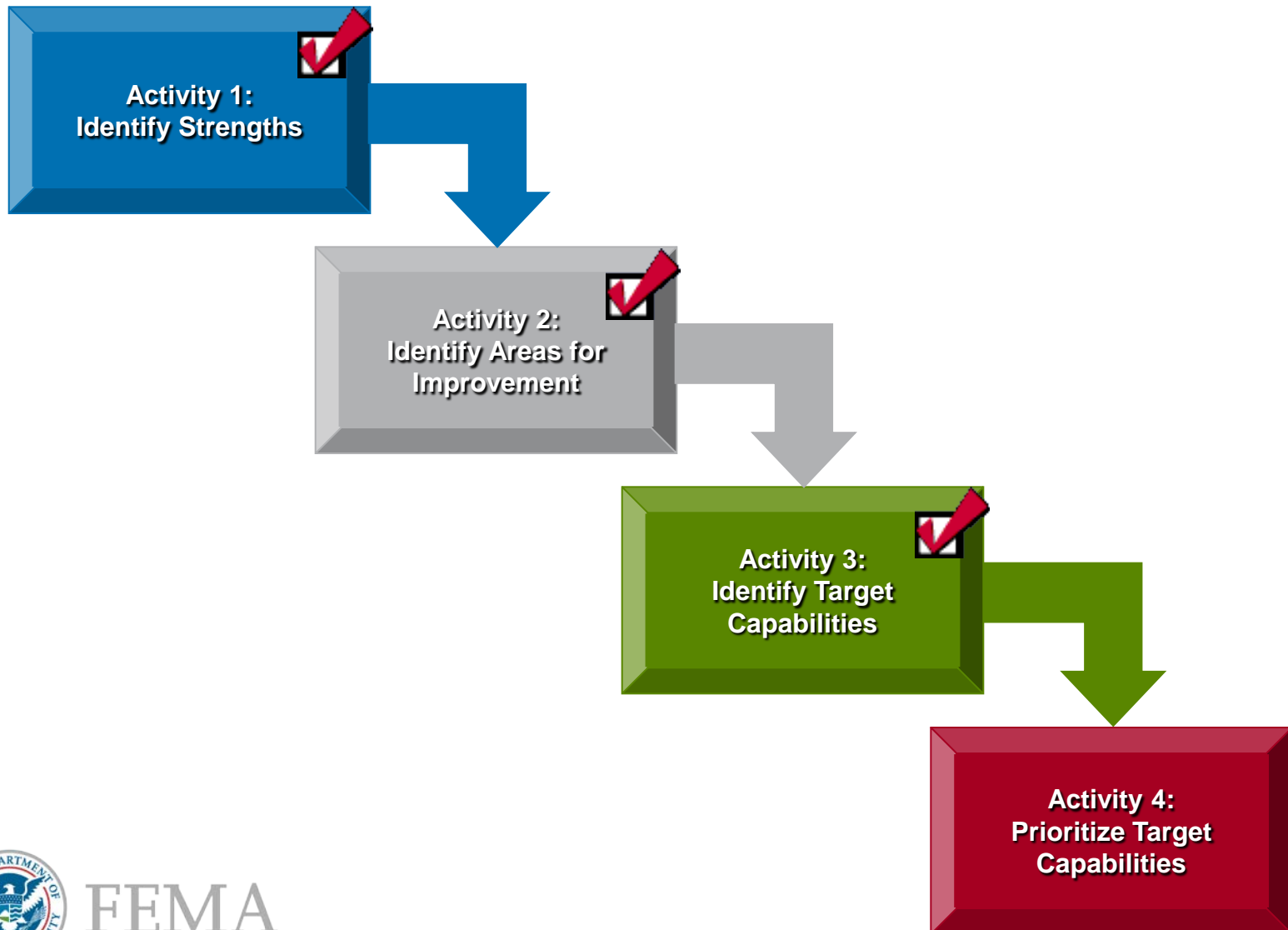
1. Assign target capabilities for each area for improvement identified during the last activity.
2. If multiple target capabilities are associated with a priority, then determine a primary target capability.



FEMA



# TEPWW Activities



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# Activity 4: Prioritize Target Capabilities

## Objective

Prioritize the associated target capabilities.

## Time

Activity: 45 minutes

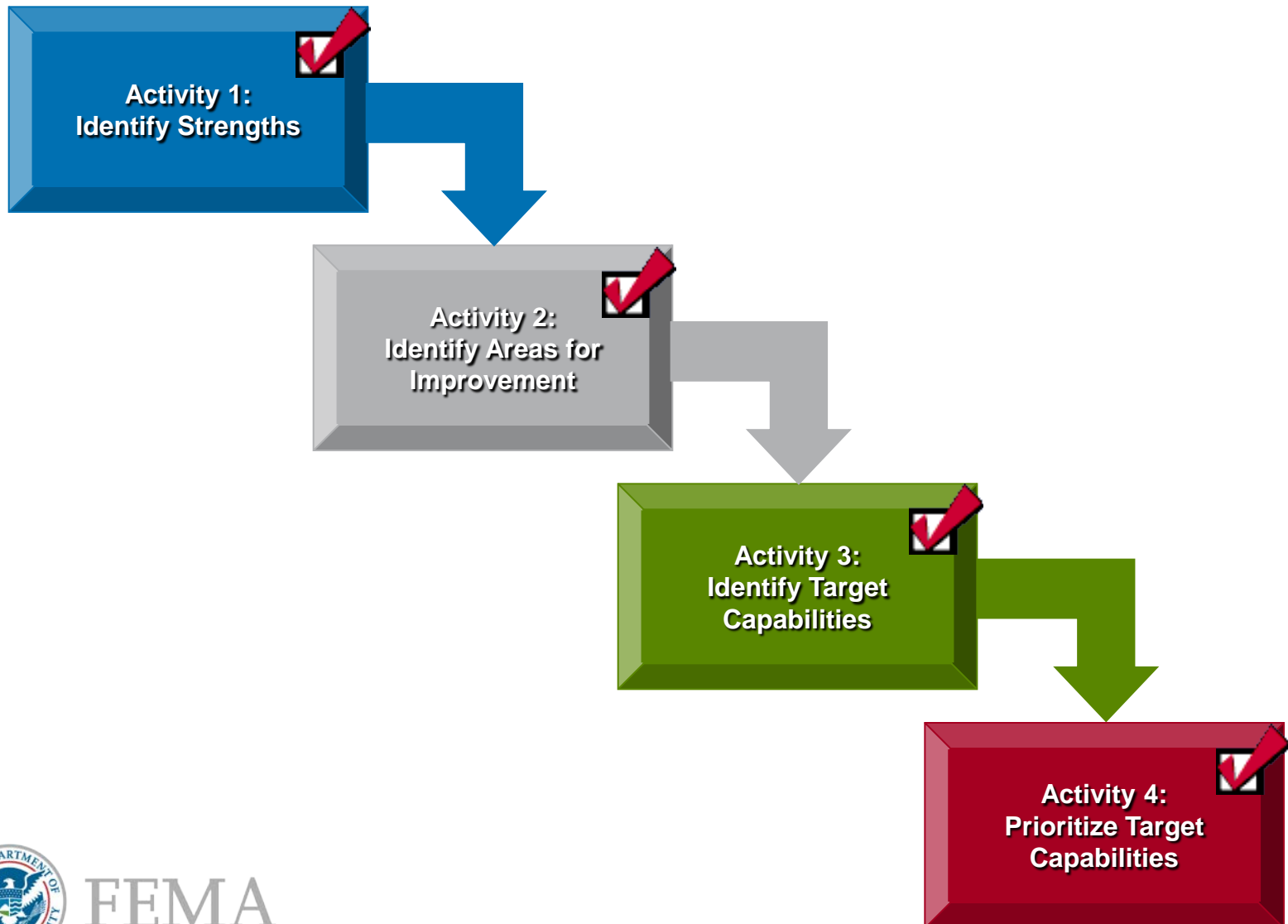
## Instructions

1. Determine the number of primary capabilities from the last activity the [jurisdiction/agency] would like to train and exercise in the coming years.
2. Prioritize the primary target capabilities.



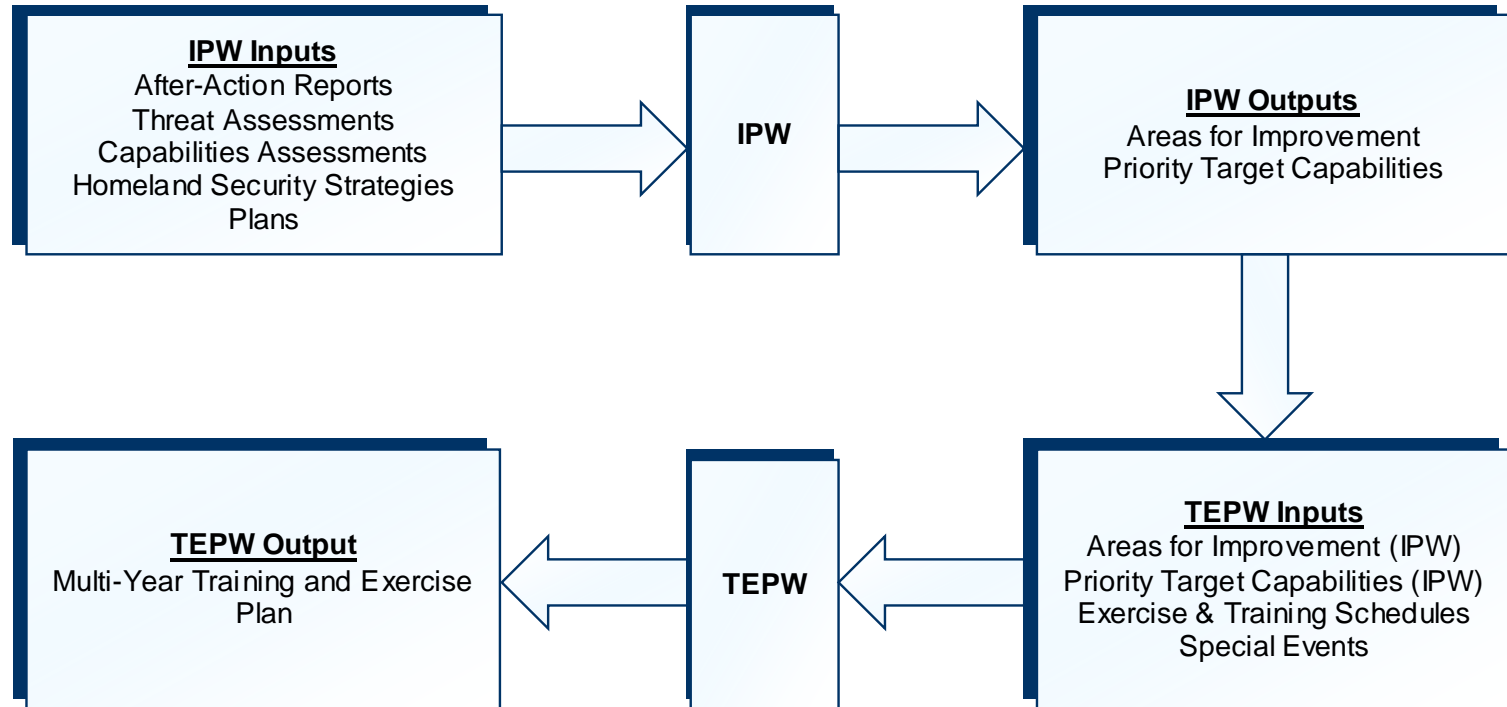
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# TEPWW Activities



FEMA

# Wrap Up



FEMA

# Hot Wash



FEMA



# Homeland Security

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## **IMPROVEMENT PLANNING WORKSHOP (IPW) USER HANDBOOK**

OCTOBER 2009



## **PREFACE**

The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities-based exercise program that provides common exercise policy and program guidance that constitutes a national standard for exercises. The purpose of the program is to build self-sustaining exercise programs and provide a standardized methodology for designing, developing, conducting, and evaluating all exercises. The HSEEP methodology contains exercise program management methodology: the building-block approach to training and exercises.

Exercise program management assists a jurisdiction or agency in sustaining a variety of preparedness activities and includes multi-year planning, budgeting, grant management, and funding allocation. Program management is cyclical: a Multi-Year Training and Exercise Plan (TEP), developed at the Training and Exercise Planning Workshop (TEPW), is developed in accordance with the jurisdiction or agency's preparedness priorities. Exercise activities are then planned and conducted according to the TEP schedule.

An annual Improvement Planning Workshop (IPW), which precedes the TEPW, provides a forum to review action items gleaned from the previous year's After Action Reports (AARs) and real-world events, and drives the innovation of planning priorities. Priorities, in turn, drive the selection of training and exercises at the annual TEPW.



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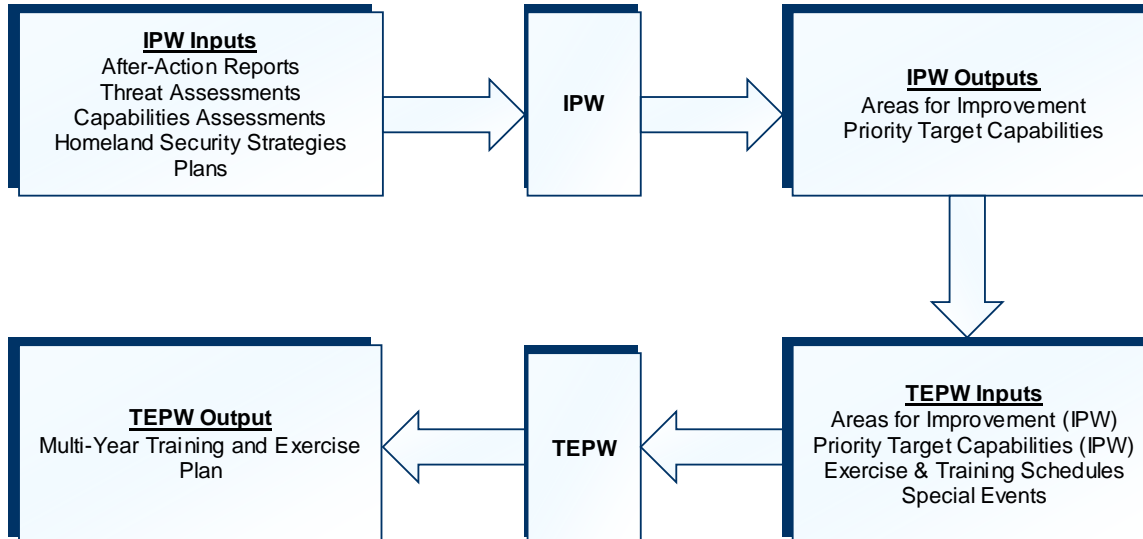
## IMPROVEMENT PLANNING WORKSHOP (IPW)

### Purpose

The U.S. Department of Homeland Security (DHS) has developed this *Improvement Planning Workshop (IPW) User Handbook*, which provides the necessary information and documentation to assist any jurisdiction or agency in conducting an annual IPW. It has been tailored to include documents appropriate to the needs of the jurisdiction or agency conducting the IPW, including guidelines, sample documents, timelines, and definitions. This handbook was developed to assist all levels of government (Federal, State, and local) in conducting an IPW. As such, each jurisdiction or agency should tailor all materials to its needs and processes.

The IPW provides an opportunity to determine the primary areas for improvement and target capabilities on which the jurisdiction or agency should focus its exercise programs. These areas for improvement and target capabilities constitute the foundation for the ongoing development and evolution of the Multi-Year Training and Exercise Plan, which is revised annually at the Training and Exercise Planning Workshop (TEPW). At the TEPW, stakeholders identify training and exercise opportunities to help the jurisdiction or agency address the areas for improvement as well as the target capabilities. **Figure 1** illustrates how the IPW ties into the TEPW and highlights the inputs and outputs of each workshop.

**Figure 1. IPW and TEPW Process**



### Preparation

Sponsoring and conducting an IPW requires a great deal of preparation and coordination. Read-ahead material should be distributed to all IPW participants at least 4 weeks before the actual workshop to enable participants to understand what is expected of them and assist them in being prepared to contribute.



The read-ahead material will provide participants with an overview of the recent national preparedness initiatives that have helped shape the concept of the Multi-Year Training and Exercise Plan, which is the result of the TEPW. The read-ahead material should be presented to anyone who has not yet had Homeland Security Exercise and Evaluation Program (HSEEP) training and to new members of the planning group before conducting the IPW or TEPW to ensure an understanding of the basis of the process.

IPW participants should be aware of their jurisdiction or agency's capabilities, homeland security strategy, and improvement planning action items from the previous year's exercises and real-world events. They should be prepared to assess jurisdictional/agency capabilities, prioritize outstanding improvement planning corrective actions, and craft jurisdiction or agency-level priorities that will drive the host jurisdiction or agency's training and exercise planning.

## Conduct

### *Overview*

It is recommended that the IPW be held at most 1 month before the TEPW. To ensure the same participants are at both the IPW and the TEPW, the IPW can be held the day before the TEPW. This will ensure that the participants are familiar with the areas for improvement.

Sponsors should anticipate that the IPW will require 1 day for conduct. Because the output of the IPW forms the foundation of the TEPW, participants will focus on the following activities:

- **Identify strengths.** Identify strengths from the past year's real-world events and exercises.
- **Identify areas for improvement.** Develop areas for improvement from the past year's real-world events and exercises, the progress the jurisdiction or agency has made against last year's priorities, the homeland security strategy briefs, and the jurisdiction or agency's capability/threat/needs assessment.
- **Identify target capabilities.** Associate target capabilities with the areas for improvement.
- **Prioritize target capabilities.** Prioritize the primary target capabilities.

It is important to provide background information to participants before the activities. The jurisdiction or agency should provide a summary of progress made against the previous year's Multi-Year Training and Exercise Plan. This summary could include response and recovery operations during real-world events and exercises and training conducted during the previous year. Facilitators should invite participants to provide a brief on their jurisdiction or agency's homeland security strategy and areas of focus for the coming years. The jurisdiction or agency should provide an overview of the jurisdiction or agency's risk or capabilities assessment.

### *Jurisdiction or Agency Point of Contact (POC) Responsibilities*

To ensure the IPW is effective, a list of basic roles and responsibilities has been designated to the jurisdiction or agency point of contact (POC). The jurisdiction or agency will provide the structure for all workshop activities (based on the HSEEP framework). It is the responsibility of all IPW participants to review their jurisdiction or agency's capabilities, homeland security



strategy, and improvement planning action items from the previous year's exercises and real-world events.

### **IPW Preparation**

- Prepare all documentation and meeting facilitation materials (e.g., agendas, PowerPoint presentations, minutes) in support of the workshop.
- Invite and register all participants for the workshop (see Appendix B for sample invitation letter).
- Set workshop agenda (see Appendix B for sample agenda).
- Ensure that participants review the jurisdiction or agency homeland security strategy and the prerequisite IPW reading.

### **IPW Conduct**

- Conduct and facilitate the IPW.
- If breakout groups are required, provide a facilitator for group discussions.
- Coordinate recording of major points of discussion.

### **Post-IPW**

- Draft IPW summary, and submit it to the DHS.
- Finalize the jurisdiction or agency priorities, and distribute them to all TEPW participants.
- Schedule and prepare for the TEPW.

### **IPW Checklist**

Please use the following checklist to ensure all the proper activities occur when conducting an IPW.

- Invite all applicable representatives, and provide an RSVP deadline.
- Ensure all IPW invitees are provided with all prerequisite materials.
- Ensure all IPW invitees understand the requirement to bring their previous year's improvement plans (IPs) to the IPW.
- Register all IPW attendees.
- Prepare all documentation and meeting facilitation materials (e.g., agendas, presentations, homeland security strategy, TCL) in support of the conference.
- Conduct and facilitate the IPW. Provide adequate facilitation, so that attendees stay focused on IPW goals. Coordinate recording of major points for discussion.
- Finalize jurisdiction or agency priorities. Draft IPW summary, and submit it to all IPW attendees, TEPW invitees, and the DHS.
- Prepare for the TEPW.



## Timeline

Date	Activity
IPW – 6 to 8 weeks	Invite stakeholders.
IPW – 4 weeks	Send read-ahead material to IPW stakeholders.
IPW	Conduct IPW.
IPW + 2 weeks	Provide draft IPW summary to stakeholders.
IPW + 3 weeks	Stakeholders review and approve/disapprove IPW summary.
IPW + 4 weeks	Conduct TEPW.

## Participants

IPW participants should be aware of their jurisdiction or agency's capabilities, homeland security strategy, and improvement planning action items from the previous year's exercises and real-world events. They should be prepared to assess jurisdictional/agency capabilities, prioritize outstanding improvement planning corrective actions, and craft jurisdiction or agency-level priorities that will drive the host jurisdiction or agency's training and exercise planning.

It is recommended that the audience be kept to 50 or fewer participants and that participants include response and recovery partners. The following is meant as a possible list of invitees and should not be considered an all-inclusive mandatory list. Depending on the jurisdiction or agency, the invitee could be the preparedness officer, training and exercise officer, emergency management representative, homeland security representative, health officer, administrative agent, law enforcement representative, fire representative, and so forth.

- States, UASI entities, tribes, and local governments
- Emergency Support Function (ESF) leads
- Other Federal agencies (e.g., U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response, Transportation Security Administration, Defense Coordinating Elements)

To prepare for the IPW, participants should review the following:

- Current Multi-Year Training and Exercise Plan
- Target Capabilities List (TCL) (September 2007)  
(see <https://www.llis.dhs.gov/docdetails/details.do?contentID=26724>)
- Jurisdiction or agency's IPs from the previous year's real-world events and exercises, focusing on the corrective actions that are outstanding or need to be validated through training and exercises
- Homeland security strategies and risk/threats/needs assessments, as applicable

## Components

- **Jurisdiction or Agency Homeland Security Strategy.** A current overview of preparedness activities, planning, training, equipment, and exercises from all agencies



and programs should be discussed. Priorities gleaned from the jurisdiction or agency homeland security strategy should be identified before the IPW, and IPW invitees should be aware of the priorities before arrival.

- **Capabilities-Based Planning.** An overview regarding the focus on capabilities-based planning should be conducted. Jurisdiction or agency priorities should be clearly defined and discussed as they relate to the national priorities and should be linked to improvement planning efforts. Target capabilities that should be accomplished to attain jurisdiction or agency priorities should be listed.
- **IP Matrices.** Participants will review the previous year's improvement planning corrective actions that were identified during evaluation of exercises and real-world events. The corrective actions that have not yet been accomplished should be prioritized and linked to the TCL. These priorities will drive the selection of training and exercises at the TEPW.
- **HSEEP.** A brief overview of HSEEP should be conducted, highlighting the program's guidelines, goals, and objectives.

The following national preparedness initiatives set the context for capabilities-based improvement planning and should be taken into consideration as each jurisdiction or agency prepares for its respective annual IPW.

## Homeland Security Exercise and Evaluation Program (HSEEP)

HSEEP was created to provide a consistent methodology for exercise planning, design, development, conduct, evaluation, and improvement planning processes. HSEEP provides the tools and resources such as policy, guidance, training, technology, sample materials, and direct support to promote regional, State, and local exercise expertise, while advancing a standardized means of assessing and improving preparedness across the Nation.

## Capabilities-Based Planning

The National Planning Scenarios and the establishment of the national priorities steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on uncertainty. Because it can never be determined with 100 percent accuracy what threat or hazard will occur, it is important to build capabilities that can be applied to a wide variety of incidents. The Target Capabilities List (TCL) defines capabilities-based planning as “planning, under uncertainty, to build capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice.” As such, capabilities-based planning is all-hazards planning that identifies a baseline assessment of State or urban area homeland security efforts. An assessment of this kind is necessary to begin any long-term exercise strategy. This determines where current capabilities stand against the Universal Task List (UTL) and TCL and identifies gaps in capabilities. The approach focuses efforts on identifying and developing the capabilities from the TCL to perform the critical tasks from the UTL.



### Evolution of Capabilities-Based Planning



## Homeland Security Presidential Directive 8 (HSPD-8)

On December 17, 2003, the President issued Homeland Security Presidential Directive 8 (HSPD-8): National Preparedness. Among other actions, HSPD-8 required establishment of a National Preparedness Goal, which establishes measurable priorities, targets, and a common approach to developing capabilities needed to better prepare the Nation as a whole. The National Preparedness Goal uses a capabilities-based planning approach to help answer the following questions:

- How prepared are we?
- How prepared do we need to be?
- How do we prioritize efforts to close the gap?

As a result of HSPD-8 and the National Preparedness Goal, a set of National Planning Scenarios was developed to illustrate the effects and conditions of incidents of national significance for which the Nation should prepare.

## National Preparedness Goal

The National Preparedness Goal is designed to guide Federal departments and agencies; State, territorial, tribal, and local officials; the private sector; nongovernmental organizations (NGOs); and the public in determining how most effectively and efficiently to strengthen preparedness for terrorist attacks, major disasters, and other emergencies.

The following eight national priorities were established by the DHS National Preparedness Goal:

1. Implement the National Incident Management System (NIMS) and National Response Framework (NRF).
2. Expand regional collaboration.
3. Implement the National Infrastructure Preparedness Plan.
4. Strengthen information sharing and collaboration capabilities.
5. Strengthen chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) weapons detection, response, and decontamination capabilities.
6. Strengthen interoperable communications capabilities.
7. Strengthen medical surge and mass prophylaxis capabilities.
8. Strengthen emergency operations planning and citizen protection capabilities.

## National Planning Scenarios

The 15 National Planning Scenarios address all-hazards incidents, which include terrorism, natural disasters, and health emergencies. They represent the minimum number of scenarios necessary to illustrate the range of potential incidents, rather than every possible threat or hazard. The 15 National Planning Scenarios are:



1. Improvised Nuclear Device (IND)
2. Aerosolized Anthrax
3. Pandemic Influenza
4. Plague
5. Blister Agent
6. Toxic Industrial Chemical
7. Nerve Agent
8. Chlorine Tank Explosion
9. Major Earthquake
10. Major Hurricane
11. Radiological Dispersal Device (RDD)
12. Improvised Explosive Device (IED)
13. Food Contamination
14. Foreign Animal Disease (FAD)
15. Cyber

The National Planning Scenarios serve as the basis for identifying tasks that must be performed to prevent, protect against, respond to, and recover from these incidents, as well as the capabilities required to perform the tasks. The 15 scenarios provide for common planning factors in terms of the potential scope, magnitude, and complexity of major events that will help to determine the target levels of capability required and apportion responsibility among all potential partners. Developing appropriate capabilities to address this range of scenarios will best prepare the Nation for terrorist attacks, major disasters, and other emergencies.

### **Target Capabilities List (TCL)**

The TCL includes 37 goals that will balance the potential threat and magnitude of terrorist attacks, major disasters, and other emergencies with the resources required for prevention, response, and recovery. This list is designed to help jurisdictions understand what their preparedness roles and responsibilities are during a major incident and includes everything from all-hazards planning to worker health and safety.

### **Universal Task List (UTL)**

The UTL is a list of every unique task that was identified from the list of National Planning Scenarios developed under the leadership of the Homeland Security Council. The UTL is a reference to help plan, organize, equip, train, exercise, and evaluate personnel for the tasks they may need to perform during a major incident.





## APPENDIX A: TARGET CAPABILITIES LIST (TCL)

### *Common Target Capabilities*

- **Communications.** Communications is the fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Agencies must be operable, meaning they must have sufficient wireless communications to meet their everyday internal and emergency communication requirements before they place value on being interoperable (i.e., able to work with other agencies). Communications interoperability is the ability of public safety agencies (police, fire, emergency medical services [EMS]) and service agencies (public works, transportation, hospitals) to talk within and across agencies and jurisdictions via radio and associated communications systems, exchanging voice, data, and/or video with one another on demand, in real time, when needed, and when authorized. It is essential that public safety has the intra-agency operability it needs and that it builds its systems toward interoperability.
- **Community Preparedness and Participation.** This capability provides that everyone in America is fully aware, trained, and practiced on how to prevent, protect/mitigate, prepare for, and respond to all threats and hazards. This requires a role for citizens in personal preparedness, exercises, ongoing volunteer programs, and surge capacity response. Specific capabilities for universal preparedness—including knowledge of all hazards (technological, natural, and terrorist incidents) and related protective measures, skills, and supplies—will be determined through a collaborative process with emergency responders.
- **Planning.** Planning is the mechanism through which Federal, State, local, and tribal governments, nongovernmental organizations, and the private sector develop, validate, and maintain plans, policies, and procedures describing how they will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent, protect and mitigate against, respond to, and recover from incidents of national significance. Preparedness plans are drafted by a litany of organizations, agencies, and departments at all levels of government and within the private sector. Preparedness plans are not limited to plans drafted by emergency management planners. This capability sets forth many of the activities and tasks undertaken by an emergency management planner when drafting (or updating) emergency management (preparedness) plans.
- **Risk Management.** Risk Management is defined by the Government Accountability Office as “A continuous process of managing—through a series of mitigating actions that permeate an entity’s activities—the likelihood of an adverse event and its negative impact.” Risk management is founded in the capacity for all levels of government to identify and measure risk before an event, based on threats/hazards, vulnerabilities, and consequences, and to manage the exposure to that risk through prioritization and implementation of risk-reduction strategies. The capability and actions to perform risk management may well vary between levels of government; however, the foundation of risk management is constant.





- **Intelligence/Information Sharing and Dissemination.** This capability provides necessary tools to enable efficient prevention, protection, response, and recovery activities. Intelligence/information sharing and dissemination is the multijurisdictional, multidisciplinary exchange and dissemination of information and intelligence among the Federal, State, local, and tribal layers of government; the private sector; and citizens. The goal of sharing and dissemination is to facilitate distribution of relevant, actionable, timely, and preferably declassified or unclassified information and/or intelligence that is updated frequently to the consumers who need it. More simply, the goal is to get the right information to the right people at the right time. An effective intelligence/information sharing and dissemination system will provide durable, reliable, and effective information exchanges (both horizontally and vertically) between those responsible for gathering information and the analysts and consumers of threat-related information. It will also allow for feedback and other necessary communications in addition to the regular flow of information and intelligence.

### ***Prevent Mission Area***

- **CBRNE Detection.** The preventive chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) detection capability provides the ability to detect CBRNE materials at points of manufacture, transportation, and use. It is important to note that the activities and tasks described in this capability will be carried out individually for each specific agent, rather than for all agents at the same time. Therefore, when considering critical tasks and preparedness measures, each task and measure should be applied separately to each CBRNE agent. For example, in considering whether technical support (or “reachback”) is available, radiological/nuclear reachback is considerably different from chemical, biological, or explosive reachback. Preparedness in one or more of the CBRNE areas does not equate to preparedness across the entire CBRNE detection spectrum.
- **Information Gathering and Recognition of Indicators and Warnings.** This capability entails the gathering, consolidation, and retention of raw data and information from sources including human sources, observation, technical sources, and open (unclassified) materials. Unlike intelligence collection, information gathering is the continual gathering of only pure, unexamined data, not the targeted collection traditionally conducted by the intelligence community or targeted investigations. Recognition of indicators and warnings is the ability to see in this gathered data the potential trends, indications, and/or warnings of criminal and/or terrorist activities (including planning and surveillance) against U.S. citizens, government entities, critical infrastructure, and/or U.S. allies.
- **Intelligence Analysis and Production.** Intelligence analysis and production is the merging of data and information for the purpose of analyzing, linking, and disseminating timely and actionable intelligence with an emphasis on the larger public safety and homeland security threat picture. This process focuses on the consolidation of analytical products among the intelligence analysis units at the Federal, State, local, and tribal levels for tactical, operational, and strategic use. This capability also includes the examination of raw data to identify threat pictures, recognize potentially harmful patterns, or connect suspicious links to discern potential indications or warnings.



- **Counter-Terror Investigations and Law Enforcement.** This is the capability that includes the broad range of activities undertaken by law enforcement and related entities to detect, examine, probe, investigate, and conduct operations related to potential terrorist activities. Current and emerging investigative techniques are used with an emphasis on training, legal frameworks, recognition of indications and warnings, source development, interdiction, and related issues specific to antiterrorism activities.

#### ***Protect Mission Area***

- **Critical Infrastructure Protection.** This capability enables public and private entities to identify, assess, prioritize, and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue, and mitigate deliberate efforts to destroy, incapacitate, or exploit the Nation's critical infrastructure and key resources.
- **Epidemiological Surveillance and Investigation.** This capability is the capacity to rapidly conduct epidemiological investigations. It includes exposure and disease (both deliberate release and naturally occurring) detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, and communication with the public and providers about case definitions, disease risk and mitigation, and recommendations for the implementation of control measures.
- **Food and Agriculture Safety and Defense.** This is the capability to prevent, protect against, respond to, and recover from chemical, biological, and radiological contaminants and other hazards that affect the safety of food and agricultural products. This includes timely eradication of outbreaks of crop diseases/pests, assessments of the integrity of the food-producing industry, removal and disposal of potentially compromised materials from the U.S. food supply, and decontamination of affected food manufacturing facilities or retail points of purchase or service. This also includes appropriate laboratory surveillance to detect human foodborne illness or food product contamination. It is accomplished concurrent to protecting public health and maintaining domestic and international confidence in the U.S. commercial food supply. Additionally, the public is provided with accurate and timely notification and instructions related to an event and appropriate steps to follow with regard to disposal of affected food or agricultural products and appropriate decontamination procedures.
- **Public Health Laboratory Testing.** This capability is the ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support, and laboratory networking to address potential exposure or exposure to all hazards including chemical, radiological, and biological agents in all matrices including clinical specimens and food and environmental samples (e.g., water, air, soil). Such all-hazard threats include those deliberately released with criminal intent as well as those that may be present as a result of unintentional or natural occurrences.

#### ***Respond Mission Area***

- **Animal Disease Emergency Support.** This is the capability to protect, prevent, detect, respond to, and recover from threats and incidents that would result in the disruption of industries related to U.S. livestock, other domestic animals (including companion



animals), or wildlife and/or endanger the food supply, public health, or domestic and international trade. It includes the ability to respond to large-scale national and regional emergencies as well as to smaller-scale incidents through rapid determination of the nature of the event, initiation of the appropriate response, containment of the disrupting effects, and facilitation of recovery.

- **Citizen Evacuation and Shelter-in-Place.** This is the capability to prepare for, ensure communication of, and immediately execute the safe and effective sheltering-in-place of an at-risk population (and companion animals) and/or the organized and managed evacuation of the at-risk population (and companion animals) to areas of safe refuge in response to a potentially or actually dangerous environment. In addition, this capability involves the safe reentry of the population where feasible.
- **Critical Resource Logistics and Distribution.** This is the capability to identify, inventory, dispatch, mobilize, transport, recover, and demobilize and to accurately track and record available human and material critical resources throughout all incident management phases. Critical resources are those necessary to preserve life, property, safety, and security.
- **Emergency Operations Center (EOC) Management.** This is the capability to provide multiagency coordination for incident management by activating and operating an EOC for a preplanned or no-notice event. EOC management includes EOC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; coordination of efforts among neighboring governments at each level and among local, regional, State, and Federal EOCs; coordination of public information and warning; and maintenance of the information and communication necessary for coordinating response and recovery activities. Similar entities may include the National (or Regional) Response Coordination Center (NRCC or RRCC), Joint Field Offices (JFOs), National Operating Center (NOC), Joint Operations Center (JOC), Multi-Agency Coordination Center (MACC), Initial Operating Facility (IOF), etc.
- **Emergency Public Information and Warning.** This capability includes public information, alert/warning, and notification. It involves developing, coordinating, and disseminating information to the public, coordinating officials, incident management personnel, and responders across all jurisdictions and disciplines effectively under all hazard conditions.
- **Emergency Public Safety and Security Response.** This is the capability to reduce the impact and consequences of an incident or major event by securing the affected area, including crime/incident scene preservation issues as appropriate; safely diverting the public from hazards; providing security support to other response operations and properties; and sustaining operations from response through recovery. Public safety and security response requires coordination among officials from law enforcement, fire, and EMS.
- **Emergency Triage and Pre-Hospital Treatment.** This is the capability to appropriately dispatch EMS resources; provide feasible, suitable, and medically acceptable pre-hospital



triage and treatment of patients; provide transport as well as medical care en route to an appropriate receiving facility; and track patients to a treatment facility.

- **Environmental Health.** This is the capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency on the public. The capability minimizes human exposures to environmental public health hazards (e.g., contaminated food, air, water, solid waste/debris, hazardous waste, vegetation, sediments, vectors). The capability provides the expertise to run fate and transport models; design, implement, and interpret the results of environmental field surveys and laboratory sample analyses; develop protective guidance where none exists; and use available data and judgment to recommend appropriate actions for protecting the public and environment. Environmental health identifies environmental hazards in the affected area through rapid needs assessments and comprehensive environmental health and risk assessments. It works closely with the health community and environmental agencies to link exposures with predicted disease outcomes, provides input in the development of Crisis and Emergency Risk Communication (CERC) messages, provides guidance on personal protective measures, and advises on environmental health guidelines.
- **Explosive Device Response Operations.** This is the capability to coordinate, direct, and conduct improvised explosive device (IED) response after initial alert and notification; coordinate intelligence fusion and analysis, information collection, and threat recognition; assess the situation and conduct appropriate render-safe procedures (RSP); conduct searches for additional devices; and coordinate overall efforts to mitigate CBRNE threats to the incident site.
- **Fatality Management.** This is the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victims' personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with and provision of legal, customary, compassionate, and culturally competent required services to the families of deceased within the context of the family assistance center. All activities should be sufficiently documented for admissibility in criminal and civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure.
- **Fire Incident Response Support.** This capability provides coordination and implementation of fire suppression operations, which include the following tasks: assessing the scene, assigning resources, establishing an Incident Command System (ICS) consistent with the National Incident Management System (NIMS), communicating the status of the situation, requesting additional resources, establishing a safe perimeter, evacuating persons in danger, rescuing trapped victims, conducting fire suppression, determining the cause of the fire(s), and ensuring the area is left in a safe condition. This



capability further includes support necessary to prepare the community and reduce vulnerabilities in a major event.

- **Isolation and Quarantine.** This is the capability to protect the health of the population through the use of isolation and/or quarantine measures to contain the spread of disease. Isolation of ill individuals may occur in homes, hospitals, designated healthcare facilities, or alternate facilities. Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and may become infectious. Successful implementation will require that sufficient legal, logistical, and informational support exists to maintain these measures. Most experts expect that isolation and quarantine will not stop the outbreak and that, if used, the focus will be on cases that might introduce the disease into the State or other geographic area.
- **Mass Care (Sheltering, Feeding, and Related Services).** This is the capability to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items, and related services to persons affected by a large-scale incident. Mass care is usually provided by nongovernmental organizations (NGOs), such as the American Red Cross, or by local government. The capability also provides for companion animal care/handling through local government and appropriate animal-related organizations.
- **Mass Prophylaxis.** This is the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats. This capability includes the provision of appropriate followup and monitoring of adverse events as well as risk communication messages to address the concerns of the public.
- **Medical Supplies Management and Distribution.** This is the capability to procure and maintain pharmaceuticals and medical materials before an incident and to transport, distribute, and track these materials during an incident.
- **Medical Surge.** This is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities, and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Planners must consider that medical resources are normally at or near capacity at any given time. Medical surge is defined as rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and nonclinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities), and logistical support (clinical and nonclinical equipment and supplies).
- **Onsite Incident Management.** This is the capability to effectively direct and control incident activities by using the ICS consistent with the NIMS.
- **Responder Safety and Health.** This is the capability that ensures adequate trained and equipped personnel and resources are available at the time of an incident to protect the





safety and health of onscene first responders, hospital/medical facility personnel (first receivers), and skilled support personnel through the creation and maintenance of an effective safety and health program. This program needs to comply with the Occupational Safety and Health Administration's (OSHA's) Hazardous Waste Operations and Emergency Response (HAZWOPER) standard (29 Code of Federal Regulations [CFR] 1910.120, as implemented by the U.S. Environmental Protection Agency [EPA] or State authorities) and any other applicable Federal and State regulations. The program also needs to be integrated into the ICS and include training, exposure monitoring, personal protective equipment, health and safety planning, risk management practices, medical care, decontamination procedures, infection control, vaccinations for preventable diseases, adequate work-schedule relief, psychological support, and followup assessments.

- **Search and Rescue (Land-Based).** This is the capability to coordinate and conduct search and rescue (SAR) response efforts for all hazards, including searching affected areas for victims (human and, to the extent no humans remain endangered, animal) and locating, accessing, medically stabilizing, and extricating victims from the damaged area.
- **Volunteer Management and Donations.** This is the capability to effectively coordinate the use of volunteers and donations in support of domestic incident management.
- **Weapons of Mass Destruction (WMD)/Hazardous Materials (HazMat) Response and Decontamination.** This is the capability to assess and manage the consequences of a HazMat release, either accidental or as part of a terrorist attack. It includes testing and identifying all likely hazardous substances onsite; ensuring that responders have protective clothing and equipment; conducting rescue operations to remove affected victims from the hazardous environment; conducting geographical survey searches of suspected sources or contamination spreads and establishing isolation perimeters; mitigating the effects of HazMat; decontaminating onsite victims, responders, and equipment; coordinating offsite decontamination with relevant agencies; and notifying environmental, health, and law enforcement agencies that have jurisdiction for the incident to begin implementation of their standard evidence collection and investigation procedures.

### ***Recover Mission Area***

- **Economic and Community Recovery.** This is the capability to implement short- and long-term recovery and mitigation processes after an incident. This will include identifying the extent of damage caused by an incident, conducting thorough postevent assessments, and determining and providing the support needed for recovery and restoration activities to minimize future loss from a similar event.
- **Restoration of Lifelines.** This is the capability to initiate and sustain restoration activities. This includes facilitating the repair/replacement of infrastructure for oil, gas, electric, telecommunications, drinking water, wastewater, and transportation services.
- **Structural Damage Assessment.** This is the capability to conduct damage and safety assessments of civil, commercial, and residential infrastructure and to perform structural inspections and mitigation activities. The capability includes being able to provide



contractor management, construction management, cost estimating, technical assistance, and other engineering services to support and manage response and recovery operations.



## APPENDIX B: SAMPLE FORMS

### Sample Invitation Letter

**To:** Homeland Security Exercise and Evaluation Program (HSEEP) Stakeholders

**From:** [Jurisdiction or Agency Representative]

**Date:** [Date]

**Subject:** Improvement Planning Workshop (IPW)

The [jurisdiction or agency] invites you to attend the [jurisdiction or agency's] Improvement Planning Workshop (IPW) on [date] at [location]. The workshop will begin at [time] and conclude at [time]; attendee registration will begin at [time].

The IPW provides a forum to determine the areas for improvement and target capabilities on which the [jurisdiction or agency] should consider focusing its exercise program. These areas for improvement and target capabilities constitute the foundation for ongoing development and evolution of the Multi-Year Training and Exercise Plan, which is revised annually at the Training and Exercise Planning Workshop (TEPW). The attached agenda and read-ahead material will provide you an overview of the IPW.

To prepare for the IPW, please review the following

- Current Multi-Year Training and Exercise Plan
- Target Capabilities List (TCL) (September 2007)  
(see <https://www.llis.dhs.gov/docdetails/details.do?contentID=26724>)
- [Jurisdiction or agency] improvement plans from the previous year's real-world events and exercises, focusing on corrective actions that are outstanding or need to be validated through training and exercises
- Homeland security strategies and risk/threats/needs assessments, if applicable

We realize the importance in making preparedness planning decisions and therefore ask that requests for attendees other than yourself or an alternate representative be made through the [jurisdiction or agency].

We look forward to your participation in this workshop.

Attachments:

Registration Form

Agenda





## **Sample IPW Agenda**

8:30 a.m.	Registration
9:00 a.m.	Welcome and Introductions
9:15 a.m.	Improvement Planning Workshop (IPW) Overview
9:30 a.m.	Previous Year's Multi-Year Training and Exercise Plan Progress
10:00 a.m.	Homeland Security Strategy Briefs
11:00 a.m.	Break
11:15 a.m.	Capability/Threat Assessment
11:45 a.m.	Activity 1: Identify Best Practices
12:15 p.m.	Lunch
1:15 p.m.	Activity 2: Identify Areas for Improvement
2:45 p.m.	Break
3:00 p.m.	Activity 3: Identify Target Capabilities
4:00 p.m.	Activity 4: Prioritize Target Capabilities
4:45 p.m.	Hot Wash
5:00 p.m.	Adjourn



## **Sample Participant List**

### ***State and Local Representatives***

- Airport operations representative
- Board of animal health
- Citizen corps
- Emergency management
- Local or regional training and exercise coordinator(s)
- Medical/hospitals
- National Guard
- Ports authority
- Private sector (e.g., utilities, plants, and industry)
- Public health
- Public safety (e.g., law enforcement, fire, emergency medical services [EMS], medical examiner's office)
- Public works
- School district representative
- State Administrative Agency (SAA)
- State homeland security
- State-appointed exercise point of contact (POC)
- State-appointed training POC
- Transit authority
- Tribal liaison
- Urban Area Security Initiative (UASI) representative

### ***Federal Partners***

- Centers for Disease Control and Prevention (CDC)
- Environmental Protection Agency (EPA)
- Federal Aviation Administration (FAA) regional representative
- Federal Bureau of Investigation (FBI)
- Federal Emergency Management Agency (FEMA) regional representative
- Protective Security Advisor – Infrastructure Protection
- Transportation Security Administration (TSA) Transportation Readiness Division
- U.S. Coast Guard (USCG)
- U.S. Department of Agriculture
- U.S. Department of Defense
- U.S. Department of Energy
- U.S. Department of Health and Human Services (HHS) regional emergency coordinator
- U.S. Department of Transportation

Tab	Instructions
Activity 1	Enter the strengths identified by the participants in column A.
Activity 2–3	As part of activity 2, enter the areas for improvement identified by the participants in column A. For activity 3, enter the associated target capabilities identified by the participants in column B.
Activity 4	Enter the priority target capabilities identified by the participants in column A.
Hot Wash	Enter the strengths of the workshop identified by the participants in column A. Enter the areas for improvement of the workshop identified by the participants in column B.

## Strengths

## Areas for Improvement

## Associated Target Capabilities

## Priority Target Capabilities

**Strength**



**Improvement**

<Jurisdiction/Agency>

# Training and Exercise Planning Workshop (TEPW)



FEMA

# Welcome and Introductions



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# Agenda

- Overview of the Training and Exercise Planning Workshop (TEPW)
- Review of Improvement Planning Workshop (IPW) Priorities
- Training and Exercise Plan Briefs
- Training and Exercise Activities
- Closing Remarks



FEMA

# Training and Exercise Strategy



FEMA

# TEPW Purpose

- Identify training and exercises that will assist the <jurisdiction/ agency> in closing the gaps and addressing the priorities identified at the IPW.
- Coordinate Federal, State, territorial, tribal, and urban area training and exercises.
- Reduce duplication of effort and overextension of resources.



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# IPW Priorities

- <Target Capability>
- <Target Capability>



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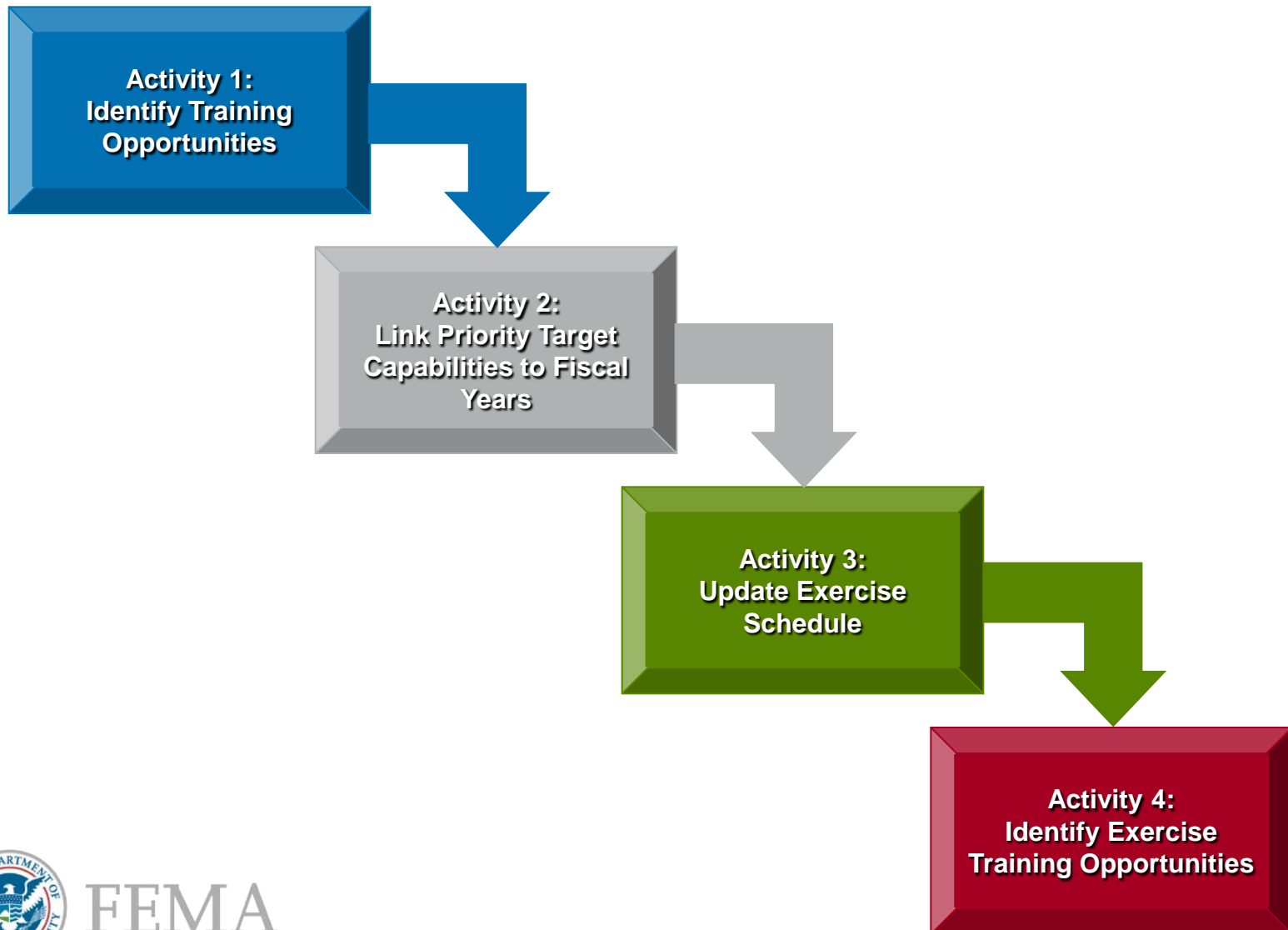
# Training and Exercise Plan Briefs



FEMA



# TEPW Activities



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# Activity 1: Identify Training Opportunities

## Objective

Identify training opportunities that will help close the gaps identified at the IPW.

## Time

Activity: 90 minutes

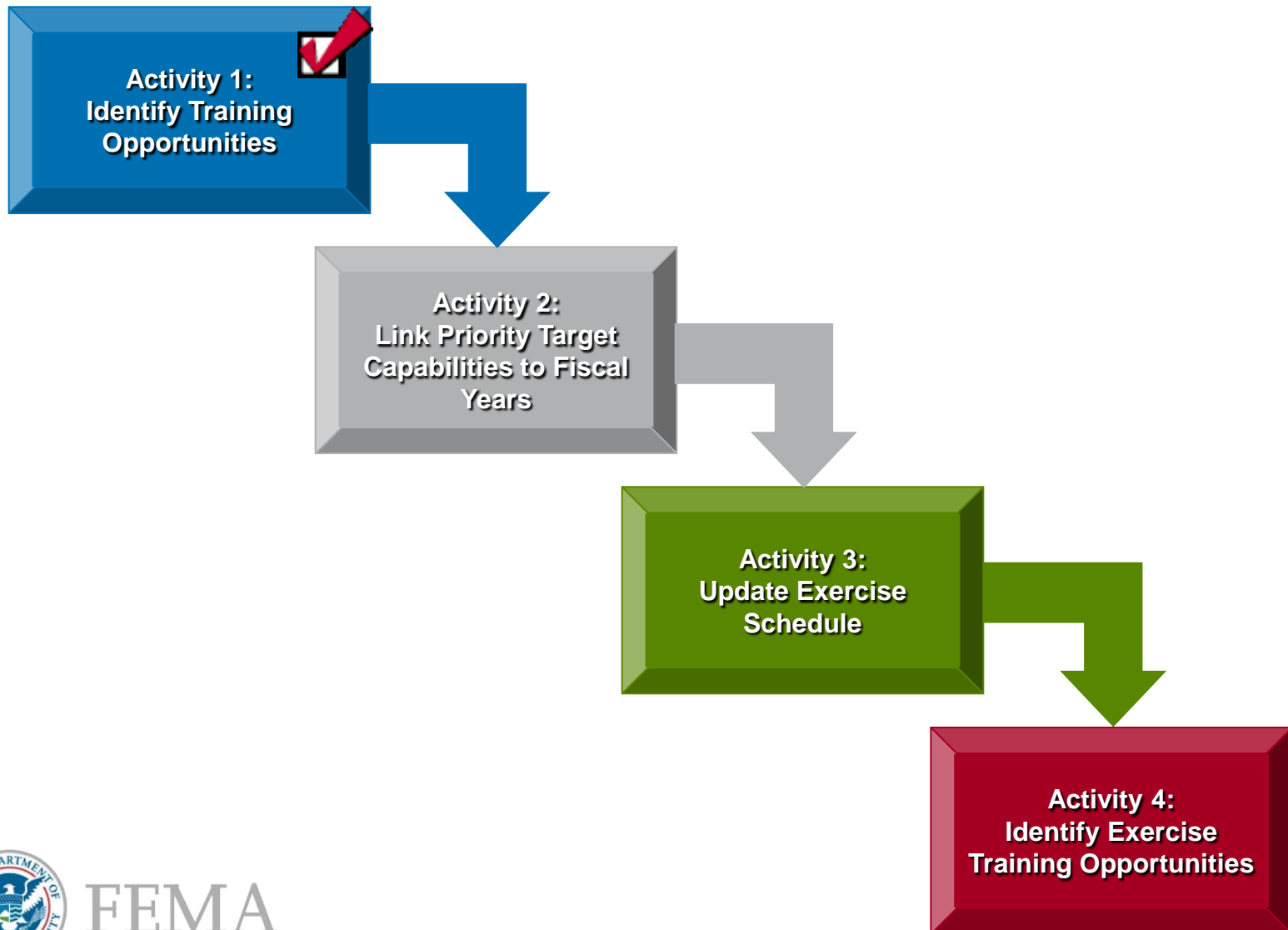
## Instructions

1. Review the areas for improvement identified at the IPW.
2. Identify scheduled training opportunities that could assist the <jurisdiction/agency> address the areas for improvement.
3. Identify training opportunities that need to be scheduled.



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# TEPW Activities



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## Activity 2: Link Priority Target Capabilities to Fiscal Years

### Objective

Identify the target capabilities to focus on for each fiscal year.

### Time

Activity: 30 minutes

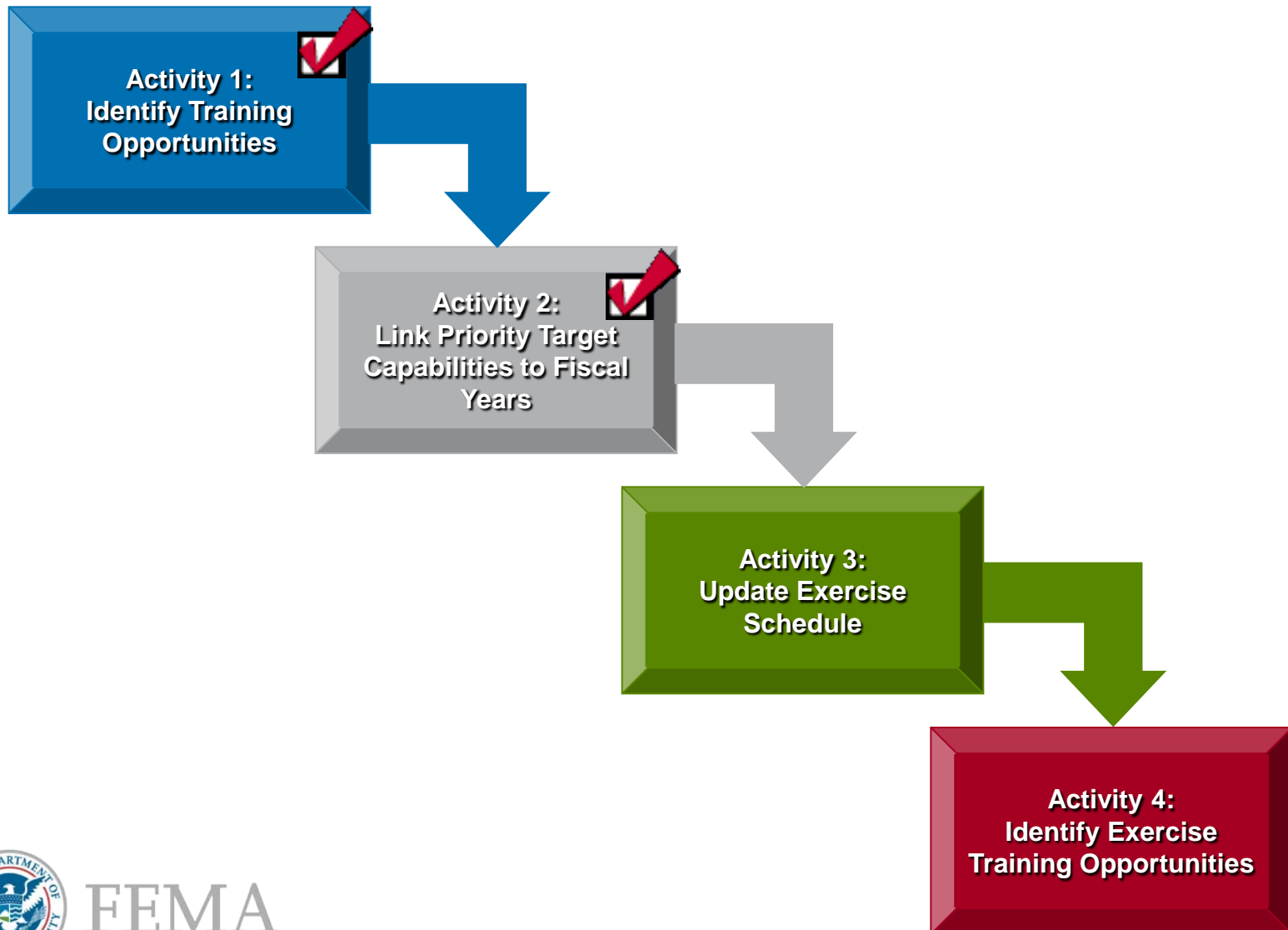
### Instructions

1. Determine the number of target capabilities to focus on in a given year.
2. Determine priority target capabilities on which to focus improvement efforts for fiscal years.



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# TEPW Activities



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# <Jurisdictional/Agency>-Level Exercises

A <jurisdictional/agency>-level exercise must meet one of the following criteria:

- <Criteria>
- <Criteria>



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## Activity 3: Update Exercise Schedule

### Objective

Update the  
<jurisdiction/  
agency>-level  
exercise calendar.

### Time

Activity: 90 minutes

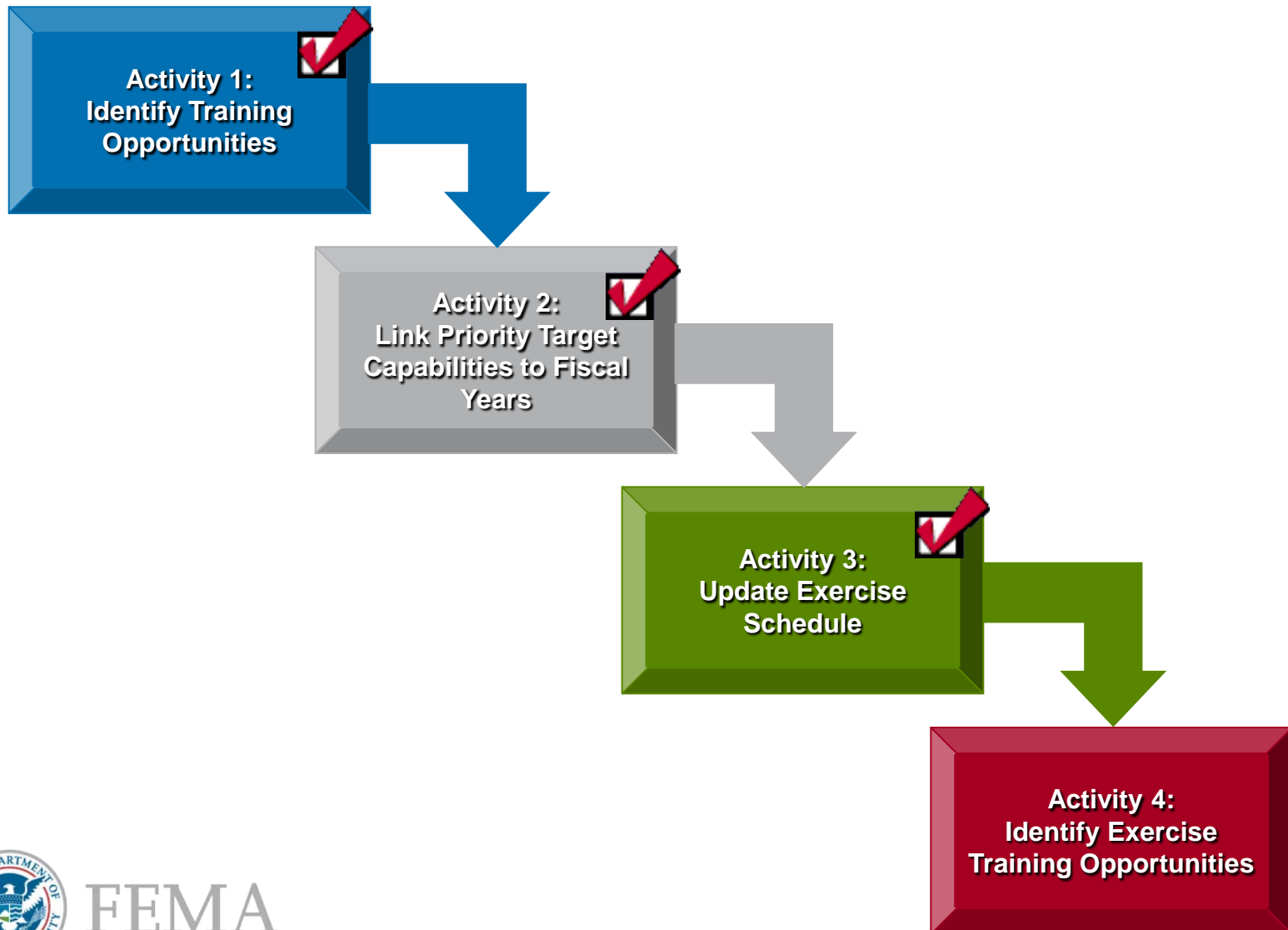
### Instructions

1. Identify exercises on the <jurisdiction/agency> calendar that have been moved or cancelled.
2. Identify new exercises that meet the definition of a <jurisdictional/agency>-level exercise.
3. Provide name, scenario, type of exercise, proposed date, potential target capabilities, and sponsor.



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# TEPWW Activities



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# Activity 4: Identify Exercise Training Opportunities

## Objective

Identify training opportunities that will help participants succeed in the exercises.

## Time

Activity: 60 minutes

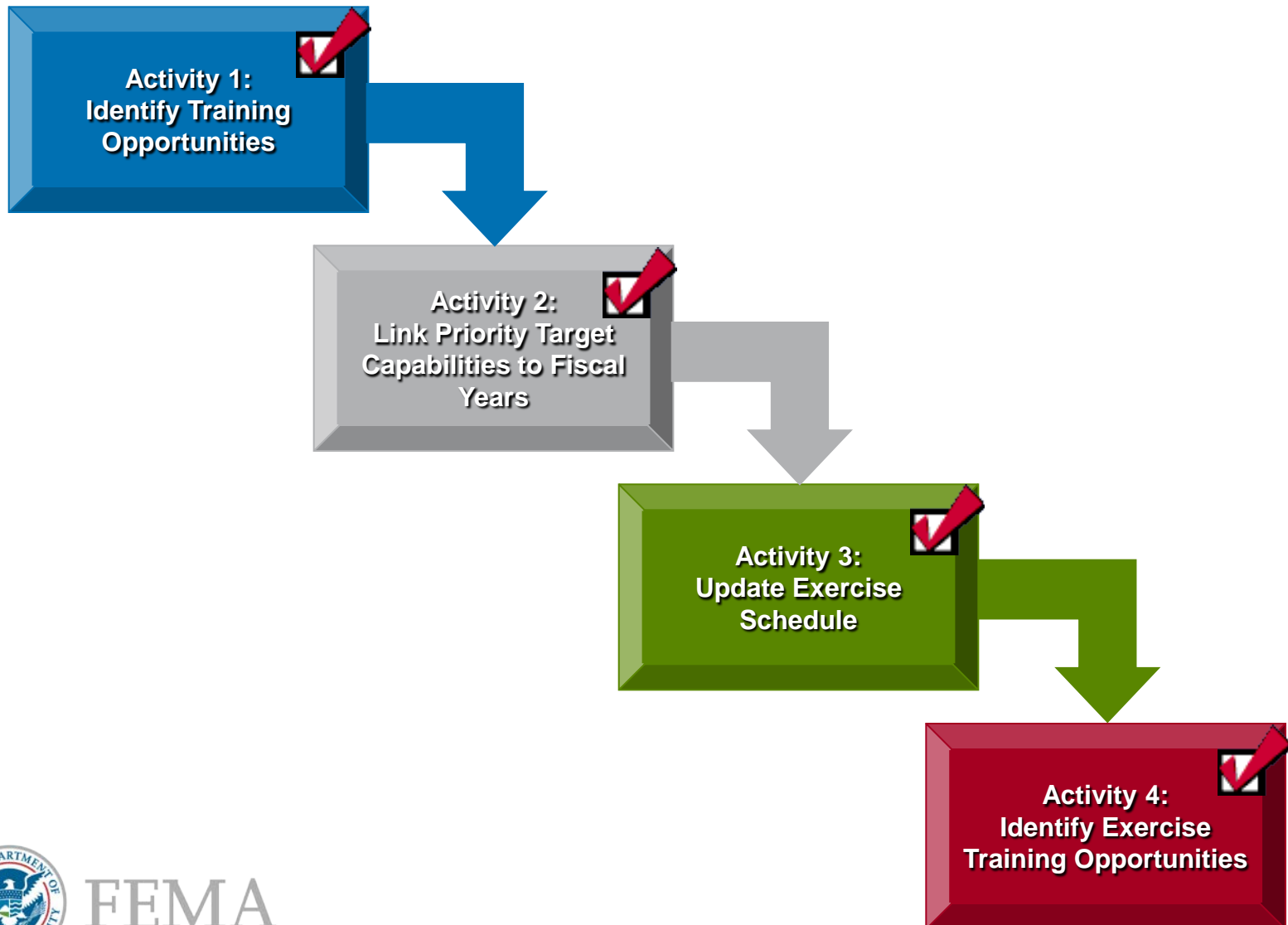
## Instructions

1. Each <jurisdiction/agency> identifies their scheduled or proposed training courses that tie to the proposed exercises.
2. Identify scheduled training courses or requirements for successful completion of the identified Regional exercises (design, execution, and evaluation).



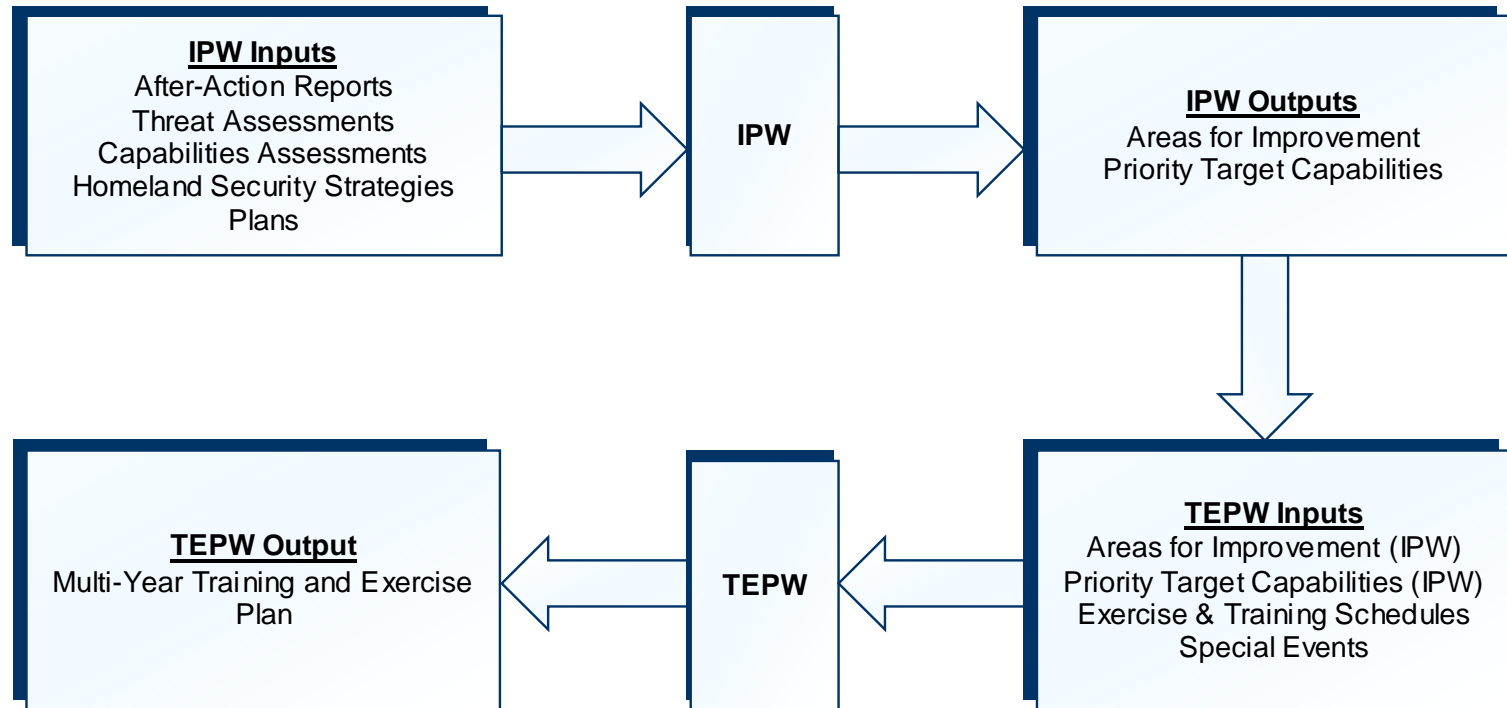
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# TEPW Activities



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# Wrap Up



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# Hot Wash



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# Homeland Security

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## **TRAINING AND EXERCISE PLANNING WORKSHOP (TEPW) USER HANDBOOK**

OCTOBER 2009



## **PREFACE**

The Homeland Security Exercise and Evaluation Program (HSEEP) is a capabilities-based exercise program that provides common exercise policy and program guidance that constitutes a national standard for exercises. The purpose of the program is to build self-sustaining exercise programs and provide a standardized methodology for designing, developing, conducting, and evaluating all exercises. The HSEEP methodology contains exercise program management methodology: the building-block approach to training and exercises.

Exercise program management assists a jurisdiction or agency in sustaining a variety of ongoing preparedness activities and includes multiyear planning, budgeting, grant management, and funding allocation. Program management is cyclical: a Multi-Year Training and Exercise Plan (TEP), developed at the Training and Exercise Planning Workshop (TEPW), is developed in accordance with the jurisdiction or agency's preparedness priorities. Exercise activities are then planned and conducted according to the multiyear plan's schedule.

An annual TEPW provides the opportunity to review the jurisdiction or agency homeland security strategy and develop or update its Multi-Year Training and Exercise Plan. There is a focus on coordination of all training and exercise activities occurring throughout the jurisdiction or agency, including activities sponsored by Federal agencies, States, local governments, and tribal governments. Jurisdictions or agencies must ensure that their training and exercise schedules are coordinated to prevent duplication of efforts, ensure resources are not overextended during training or exercises, and maximize the efficacy of training and exercise appropriations. Moreover, schedule collaboration can present opportunities for jurisdictions and agencies to fulfill multiple grant requirements with a single exercise or training course.



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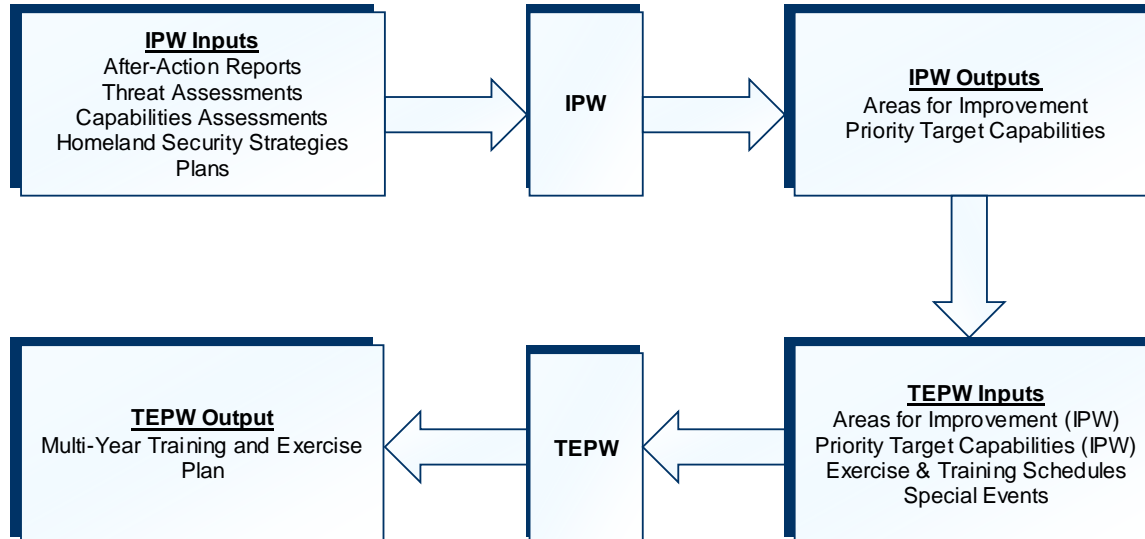
## TRAINING AND EXERCISE PLANNING WORKSHOP (TEPW)

### Purpose

The U.S. Department of Homeland Security (DHS) has developed this *Training and Exercise Planning Workshop (TEPW) User Handbook*, which provides the necessary information and documentation to assist each jurisdiction or agency in conducting an annual TEPW. It has been tailored to include documents appropriate to the needs of each jurisdiction or agency conducting the TEPW, including guidelines, sample documents, timelines, and definitions.

The TEPW is part of a process that begins with the Improvement Planning Workshop (IPW). The IPW provides an opportunity to determine the primary areas for improvement and target capabilities on which the jurisdiction or agency should focus its exercise programs. These areas for improvement and target capabilities constitute the foundation for ongoing development and evolution of the Multi-Year Training and Exercise Plan, which is revised annually at the TEPW. At the TEPW, stakeholders identify training and exercises that will assist the jurisdiction or agency in closing gaps and addressing the priorities identified at the IPW as well as identify target capabilities to focus on for each fiscal year. **Figure 1** illustrates how the IPW ties into the TEPW and highlights the inputs and outputs of each workshop.

**Figure 1. IPW and TEPW Process**



### Preparation

Sponsoring and conducting a TEPW requires a great deal of preparation and coordination. For the TEPW to run smoothly, participants should have sufficient authority to commit their agency to specific actions discussed at the workshop and should be able to make preparedness planning decisions for their respective jurisdiction or agency. Coordinating the attendance of such individuals can take several weeks; invitations should be extended at least 6 weeks before conducting the workshop. Read-ahead materials should be distributed to all TEPW participants





at least 4 weeks before the workshop to enable participants to understand what is expected of them and assist in preparing them to contribute.

## Conduct

### Overview

The TEPW should be held at most 1 month after the IPW. That said, holding the TEPW the day after the IPW ensures that the same participants are at each workshop and are familiar with the areas for improvement.

Sponsors should anticipate that the TEPW will require 1 day for conduct. Workshop participants will focus on the following activities:

- **Identify training opportunities.** Identify training opportunities to address the areas for improvement identified during the IPW.
- **Link priority target capabilities to fiscal years.** Identify which priority target capabilities to focus on as a jurisdiction or agency in which fiscal years.
- **Update exercise schedule.** Update the calendar with exercises that meet the definition of a jurisdiction or agency exercise.
- **Identify exercise training opportunities.** Identify training opportunities that will help participants succeed in the exercises.

It is important to provide background information to participants before the activities. Sponsors should invite Federal and State participants to provide a brief on their State or agency's Training and Exercise Plan.

### *Jurisdiction or Agency Point of Contact (POC) Responsibilities*

To ensure the TEPW is effective, a list of basic roles and responsibilities has been developed for the jurisdiction or agency points of contact (POCs). The jurisdiction or agency will provide the structure in which all workshop activities will be conducted (based on the HSEEP framework).

### TEPW Preparation

- Prepare all documentation and meeting facilitation materials (e.g., agendas, PowerPoint presentations, minutes) in support of the workshop.
- Invite and register all participants for the workshop (see Appendix C for sample invitation letter).
- Set workshop agenda (see Appendix C for sample agenda).
- Ensure that participants review the priority target capabilities and areas for improvement identified during the IPW, the State homeland security strategy, and prerequisite TEPW reading.
- Ensure that participants bring their individual agency training and exercise schedules.

### TEPW Conduct

- Conduct and facilitate the TEPW.



- If breakout groups are required, provide a facilitator for group discussions who will ensure attendees stay focused on TEPW goals.
- Coordinate recording (note taking) of major points of discussion.

#### **Post-TEPW**

- Draft TEPW summary, and submit it to the DHS.
- Submit the final Multi-Year Training and Exercise Plan to the DHS Secure Portal. The jurisdiction or agency POC must submit all plans.
- Schedule exercise dates in the National Exercise Schedule (NEXS) System off the Homeland Security Exercise and Evaluation Program (HSEEP) Web site at <https://hseep.dhs.gov>, and ensure that you have assigned an exercise POC. The HSEEP User Guide is located at [https://hseep.dhs.gov/pages/1001\\_Toolk.aspx](https://hseep.dhs.gov/pages/1001_Toolk.aspx).
- Distribute final copies of training and exercise materials to the DHS and the jurisdiction or agency via CD-ROM and hardcopy, as necessary.

#### **TEPW Checklist**

- Invite all applicable representatives, and include an RSVP deadline.
- Ensure all TEPW invitees are provided with all prerequisite materials.
- Ensure all TEPW invitees understand the requirement to bring their individual agency training and exercise schedules to the TEPW.
- Register all TEPW attendees.
- Prepare all documentation and meeting facilitation materials (e.g., agendas, presentations, copies of the State homeland security strategy, Target Capabilities List [TCL]) in support of the workshop.
- Conduct and facilitate the TEPW. Provide facilitation so attendees stay focused on TEPW goals. Coordinate recording (note taking) of major points for discussion.
- Schedule exercise dates in the National Exercise Schedule (NEXS) System, and ensure that you have assigned an exercise POC.
- Post and maintain all materials in the DHS Secure Portal.
- Review all materials as provided by the jurisdiction or agency.
- Ensure submission of the Multi-Year Training and Exercise Plan to the DHS for final approval. All plans must be submitted by the jurisdiction or agency POC.
- Ensure distribution of all final copies of training and exercise materials to the DHS and the jurisdiction or agency via CD-ROM and hardcopy, as necessary.



## Timeline

Date	Activity
TEPW – 6–8 weeks	Invite stakeholders.
TEPW – 3 weeks	Send read-ahead material to TEPW stakeholders.
TEPW	Conduct TEPW.
TEPW + 2 weeks	Provide draft TEPW summary to stakeholders.
TEPW + 3 weeks	Stakeholders review and approve/disapprove TEPW summary.
TEPW + 4 weeks	Provide final TEPW summary to stakeholders.
TEPW + 6 weeks	Provide draft Multi-Year Training and Exercise Plan to stakeholders.
TEPW + 7 weeks	Stakeholders review and approve/disapprove Multi-Year Training and Exercise Plan.
TEPW + 60 days	Provide final Multi-Year Training and Exercise Plan to the DHS.
TEPW + 8 weeks	Provide final Multi-Year Training and Exercise Plan to stakeholders.

## Participants

TEPW participants should be aware of their jurisdictional capabilities, homeland security strategy, and training and exercise calendars. They should be prepared to identify training opportunities and exercises that could assist the host jurisdiction or agency in closing the gaps identified at the IPW.

It is recommended that the audience be kept to 50 or fewer participants and that participation includes jurisdictional/agency response and recovery partners. The following is meant as a possible list of invitees and should not be considered an all-inclusive mandatory list. Depending on the jurisdiction or agency, the invitee could be the preparedness officer, training and exercise officer, emergency management representative, homeland security representative, health officer, administrative agent, law enforcement representative, fire representative, and so forth.

- States, UASI entities, tribes, and local governments
- Emergency Support Function (ESF) leads
- Other Federal agencies (e.g., U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response, Transportation Security Administration, Defense Coordinating Elements)

To prepare for the TEPW, participants should review the following:

- Priority target capabilities and areas for improvement identified during the IPW
- Jurisdiction or agency's Multi-Year Training and Exercise Plan
  - Identify and prepare to discuss exercises that can be nominated for the exercise calendar and training opportunities that align to the areas for improvement identified during the IPW.



## Components

- **Jurisdiction or Agency Homeland Security Strategy.** The current state of preparedness activities, planning, training, equipment, and exercises from all agencies and programs should be discussed. Priorities gleaned from the jurisdiction or agency homeland security strategy should be identified and disseminated to participants before the TEPW.
- **Capabilities-Based Planning.** An overview of capabilities-based planning should be conducted. Jurisdiction or agency priorities should be clearly defined and discussed as they relate to national priorities. If applicable, jurisdiction or agency priorities should be linked to improvement planning efforts. Target capabilities that should be accomplished to attain jurisdiction or agency priorities should then be listed along with training and exercises that will help the jurisdiction or agency obtain those capabilities and achieve those priorities.
- **Multi-Year Training and Exercise Plan.** The Multi-Year Training and Exercise Plan is the roadmap for accomplishing priorities described in the jurisdiction or agency homeland security strategy. Included in the plan should be the training and exercise schedule for the ensuing 3 years.
- **HSEEP.** A brief overview of HSEEP should be conducted, highlighting the program's guidelines, goals, and objectives.
- **Training and Exercise Schedule.** Attendees at the TEPW should develop a training and exercise schedule to be included in the Multi-Year Training and Exercise Plan. The schedule should list the proposed training and exercises to be conducted over the ensuing 3 years. For example, schedules created in 2006 represent training and exercise activities expected to occur from January 1, 2006, to December 31, 2008. In 2007, the jurisdiction or agency should create a 3-year training and exercise schedule that represents training and exercise activities planned for January 1, 2007, to December 31, 2009. The schedule should allow adequate time for a building-block progression of exercises. For exercises held in the first year, approximate dates should be available. For second and third year schedules, tentative dates may be used. The schedule should be submitted to the DHS by the jurisdiction or agency POC as part of the completed Multi-Year Training and Exercise Plan within 30 days of the TEPW. The State POC or SAA should post the exercise schedule to the Centralized Scheduling and Information System (CSIS) on the DHS Secure Portal.

## Homeland Security Exercise and Evaluation Program (HSEEP)

HSEEP was created to provide a consistent methodology for exercise planning, design, development, conduct, evaluation, and improvement planning processes. HSEEP provides the tools and resources such as policy, guidance, training, technology, sample materials, and direct support to promote regional, State, and local exercise expertise, while advancing a standardized means of assessing and improving preparedness across the Nation.



## Capabilities-Based Planning

The National Planning Scenarios and the establishment of the national priorities steered the focus of homeland security toward a capabilities-based planning approach. Capabilities-based planning focuses on uncertainty. Because it can never be determined with 100 percent accuracy what threat or hazard will occur, it is important to build capabilities that can be applied to a wide variety of incidents. The Target Capabilities List (TCL) defines capabilities-based planning as “planning, under uncertainty, to build capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice.” As such, capabilities-based planning is all-hazards planning that identifies a baseline assessment of State or urban area homeland security efforts. An assessment of this kind is necessary to begin any long-term exercise strategy. This determines where current capabilities stand against the Universal Task List (UTL) and TCL and identifies gaps in capabilities. The approach focuses efforts on identifying and developing the capabilities from the TCL to perform the critical tasks from the UTL.

### Evolution of Capabilities-Based Planning



## Homeland Security Presidential Directive 8 (HSPD-8)

On December 17, 2003, the President issued Homeland Security Presidential Directive 8 (HSPD-8): National Preparedness. Among other actions, HSPD-8 required establishment of a National Preparedness Goal, which establishes measurable priorities, targets, and a common approach to developing capabilities needed to better prepare the Nation as a whole. The National Preparedness Goal uses a capabilities-based planning approach to help answer the following questions:

- How prepared are we?
- How prepared do we need to be?
- How do we prioritize efforts to close the gap?

As a result of HSPD-8 and the National Preparedness Goal, a set of National Planning Scenarios was developed to illustrate the effects and conditions of incidents of national significance for which the Nation should prepare.

## National Preparedness Goal

The National Preparedness Goal is designed to guide Federal departments and agencies; State, territorial, tribal, and local officials; the private sector; nongovernmental organizations (NGOs); and the public in determining how most effectively and efficiently to strengthen preparedness for terrorist attacks, major disasters, and other emergencies.

The following eight national priorities were established by the DHS National Preparedness Goal:



1. Implement the National Incident Management System (NIMS) and National Response Framework (NRF).
2. Expand regional collaboration.
3. Implement the National Infrastructure Preparedness Plan.
4. Strengthen information sharing and collaboration capabilities.
5. Strengthen chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) weapons detection, response, and decontamination capabilities.
6. Strengthen interoperable communications capabilities.
7. Strengthen medical surge and mass prophylaxis capabilities.
8. Strengthen emergency operations planning and citizen protection capabilities.

## **National Planning Scenarios**

The 15 National Planning Scenarios address all-hazards incidents, which include terrorism, natural disasters, and health emergencies. They represent the minimum number of scenarios necessary to illustrate the range of potential incidents, rather than every possible threat or hazard. The 15 National Planning Scenarios are:

1. Improvised Nuclear Device (IND)
2. Aerosolized Anthrax
3. Pandemic Influenza
4. Plague
5. Blister Agent
6. Toxic Industrial Chemical
7. Nerve Agent
8. Chlorine Tank Explosion
9. Major Earthquake
10. Major Hurricane
11. Radiological Dispersal Device (RDD)
12. Improvised Explosive Device (IED)
13. Food Contamination
14. Foreign Animal Disease (FAD)
15. Cyber

The National Planning Scenarios serve as the basis for identifying tasks that must be performed to prevent, protect against, respond to, and recover from these incidents, as well as the capabilities required to perform the tasks. The 15 scenarios provide for common planning factors in terms of the potential scope, magnitude, and complexity of major events that will help to determine the target levels of capability required and apportion responsibility among all potential partners. Developing appropriate capabilities to address this range of scenarios will best prepare the Nation for terrorist attacks, major disasters, and other emergencies.

## **Target Capabilities List (TCL)**

The TCL includes 37 goals that will balance the potential threat and magnitude of terrorist attacks, major disasters, and other emergencies with the resources required for prevention, response, and recovery. This list is designed to help jurisdictions understand what their



preparedness roles and responsibilities are during a major incident and includes everything from all-hazards planning to worker health and safety.

### **Universal Task List (UTL)**

The UTL is a list of every unique task that was identified from the list of National Planning Scenarios developed under the leadership of the Homeland Security Council. The UTL is a reference to help plan, organize, equip, train, exercise, and evaluate personnel for the tasks they may need to perform during a major incident.





## APPENDIX A: TARGET CAPABILITIES LIST (TCL)

### *Common Target Capabilities*

- **Communications.** Communications is the fundamental capability within disciplines and jurisdictions that practitioners need to perform the most routine and basic elements of their job functions. Agencies must be operable, meaning they must have sufficient wireless communications to meet their everyday internal and emergency communication requirements before they place value on being interoperable (i.e., able to work with other agencies). Communications interoperability is the ability of public safety agencies (police, fire, emergency medical services [EMS]) and service agencies (public works, transportation, hospitals) to talk within and across agencies and jurisdictions via radio and associated communications systems, exchanging voice, data, and/or video with one another on demand, in real time, when needed, and when authorized. It is essential that public safety has the intra-agency operability it needs and that it builds its systems toward interoperability.
- **Community Preparedness and Participation.** This capability provides that everyone in America is fully aware, trained, and practiced on how to prevent, protect/mitigate, prepare for, and respond to all threats and hazards. This requires a role for citizens in personal preparedness, exercises, ongoing volunteer programs, and surge capacity response. Specific capabilities for universal preparedness—including knowledge of all hazards (technological, natural, and terrorist incidents) and related protective measures, skills, and supplies—will be determined through a collaborative process with emergency responders.
- **Planning.** Planning is the mechanism through which Federal, State, local, and tribal governments, nongovernmental organizations, and the private sector develop, validate, and maintain plans, policies, and procedures describing how they will prioritize, coordinate, manage, and support personnel, information, equipment, and resources to prevent, protect and mitigate against, respond to, and recover from incidents of national significance. Preparedness plans are drafted by a litany of organizations, agencies, and departments at all levels of government and within the private sector. Preparedness plans are not limited to plans drafted by emergency management planners. This capability sets forth many of the activities and tasks undertaken by an emergency management planner when drafting (or updating) emergency management (preparedness) plans.
- **Risk Management.** Risk Management is defined by the Government Accountability Office as “A continuous process of managing—through a series of mitigating actions that permeate an entity’s activities—the likelihood of an adverse event and its negative impact.” Risk management is founded in the capacity for all levels of government to identify and measure risk before an event, based on threats/hazards, vulnerabilities, and consequences, and to manage the exposure to that risk through prioritization and implementation of risk-reduction strategies. The capability and actions to perform risk management may well vary between levels of government; however, the foundation of risk management is constant.





- **Intelligence/Information Sharing and Dissemination.** This capability provides necessary tools to enable efficient prevention, protection, response, and recovery activities. Intelligence/information sharing and dissemination is the multijurisdictional, multidisciplinary exchange and dissemination of information and intelligence among the Federal, State, local, and tribal layers of government; the private sector; and citizens. The goal of sharing and dissemination is to facilitate distribution of relevant, actionable, timely, and preferably declassified or unclassified information and/or intelligence that is updated frequently to the consumers who need it. More simply, the goal is to get the right information to the right people at the right time. An effective intelligence/information sharing and dissemination system will provide durable, reliable, and effective information exchanges (both horizontally and vertically) between those responsible for gathering information and the analysts and consumers of threat-related information. It will also allow for feedback and other necessary communications in addition to the regular flow of information and intelligence.

### ***Prevent Mission Area***

- **CBRNE Detection.** The preventive chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) detection capability provides the ability to detect CBRNE materials at points of manufacture, transportation, and use. It is important to note that the activities and tasks described in this capability will be carried out individually for each specific agent, rather than for all agents at the same time. Therefore, when considering critical tasks and preparedness measures, each task and measure should be applied separately to each CBRNE agent. For example, in considering whether technical support (or “reachback”) is available, radiological/nuclear reachback is considerably different from chemical, biological, or explosive reachback. Preparedness in one or more of the CBRNE areas does not equate to preparedness across the entire CBRNE detection spectrum.
- **Information Gathering and Recognition of Indicators and Warnings.** This capability entails the gathering, consolidation, and retention of raw data and information from sources including human sources, observation, technical sources, and open (unclassified) materials. Unlike intelligence collection, information gathering is the continual gathering of only pure, unexamined data, not the targeted collection traditionally conducted by the intelligence community or targeted investigations. Recognition of indicators and warnings is the ability to see in this gathered data the potential trends, indications, and/or warnings of criminal and/or terrorist activities (including planning and surveillance) against U.S. citizens, government entities, critical infrastructure, and/or U.S. allies.
- **Intelligence Analysis and Production.** Intelligence analysis and production is the merging of data and information for the purpose of analyzing, linking, and disseminating timely and actionable intelligence with an emphasis on the larger public safety and homeland security threat picture. This process focuses on the consolidation of analytical products among the intelligence analysis units at the Federal, State, local, and tribal levels for tactical, operational, and strategic use. This capability also includes the examination of raw data to identify threat pictures, recognize potentially harmful patterns, or connect suspicious links to discern potential indications or warnings.



- **Counter-Terror Investigations and Law Enforcement.** This is the capability that includes the broad range of activities undertaken by law enforcement and related entities to detect, examine, probe, investigate, and conduct operations related to potential terrorist activities. Current and emerging investigative techniques are used with an emphasis on training, legal frameworks, recognition of indications and warnings, source development, interdiction, and related issues specific to antiterrorism activities.

#### ***Protect Mission Area***

- **Critical Infrastructure Protection.** This capability enables public and private entities to identify, assess, prioritize, and protect critical infrastructure and key resources so they can detect, prevent, deter, devalue, and mitigate deliberate efforts to destroy, incapacitate, or exploit the Nation's critical infrastructure and key resources.
- **Epidemiological Surveillance and Investigation.** This capability is the capacity to rapidly conduct epidemiological investigations. It includes exposure and disease (both deliberate release and naturally occurring) detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, and communication with the public and providers about case definitions, disease risk and mitigation, and recommendations for the implementation of control measures.
- **Food and Agriculture Safety and Defense.** This is the capability to prevent, protect against, respond to, and recover from chemical, biological, and radiological contaminants and other hazards that affect the safety of food and agricultural products. This includes timely eradication of outbreaks of crop diseases/pests, assessments of the integrity of the food-producing industry, removal and disposal of potentially compromised materials from the U.S. food supply, and decontamination of affected food manufacturing facilities or retail points of purchase or service. This also includes appropriate laboratory surveillance to detect human foodborne illness or food product contamination. It is accomplished concurrent to protecting public health and maintaining domestic and international confidence in the U.S. commercial food supply. Additionally, the public is provided with accurate and timely notification and instructions related to an event and appropriate steps to follow with regard to disposal of affected food or agricultural products and appropriate decontamination procedures.
- **Public Health Laboratory Testing.** This capability is the ongoing surveillance, rapid detection, confirmatory testing, data reporting, investigative support, and laboratory networking to address potential exposure or exposure to all hazards including chemical, radiological, and biological agents in all matrices including clinical specimens and food and environmental samples (e.g., water, air, soil). Such all-hazard threats include those deliberately released with criminal intent as well as those that may be present as a result of unintentional or natural occurrences.

#### ***Respond Mission Area***

- **Animal Disease Emergency Support.** This is the capability to protect, prevent, detect, respond to, and recover from threats and incidents that would result in the disruption of



industries related to U.S. livestock, other domestic animals (including companion animals), or wildlife and/or endanger the food supply, public health, or domestic and international trade. It includes the ability to respond to large-scale national and regional emergencies as well as to smaller-scale incidents through rapid determination of the nature of the event, initiation of the appropriate response, containment of the disrupting effects, and facilitation of recovery.

- **Citizen Evacuation and Shelter-in-Place.** This is the capability to prepare for, ensure communication of, and immediately execute the safe and effective sheltering-in-place of an at-risk population (and companion animals) and/or the organized and managed evacuation of the at-risk population (and companion animals) to areas of safe refuge in response to a potentially or actually dangerous environment. In addition, this capability involves the safe reentry of the population where feasible.
- **Critical Resource Logistics and Distribution.** This is the capability to identify, inventory, dispatch, mobilize, transport, recover, and demobilize and to accurately track and record available human and material critical resources throughout all incident management phases. Critical resources are those necessary to preserve life, property, safety, and security.
- **Emergency Operations Center (EOC) Management.** This is the capability to provide multiagency coordination for incident management by activating and operating an EOC for a preplanned or no-notice event. EOC management includes EOC activation, notification, staffing, and deactivation; management, direction, control, and coordination of response and recovery activities; coordination of efforts among neighboring governments at each level and among local, regional, State, and Federal EOCs; coordination of public information and warning; and maintenance of the information and communication necessary for coordinating response and recovery activities. Similar entities may include the National (or Regional) Response Coordination Center (NRCC or RRCC), Joint Field Offices (JFOs), National Operating Center (NOC), Joint Operations Center (JOC), Multi-Agency Coordination Center (MACC), Initial Operating Facility (IOF), etc.
- **Emergency Public Information and Warning.** This capability includes public information, alert/warning, and notification. It involves developing, coordinating, and disseminating information to the public, coordinating officials, incident management personnel, and responders across all jurisdictions and disciplines effectively under all hazard conditions.
- **Emergency Public Safety and Security Response.** This is the capability to reduce the impact and consequences of an incident or major event by securing the affected area, including crime/incident scene preservation issues as appropriate; safely diverting the public from hazards; providing security support to other response operations and properties; and sustaining operations from response through recovery. Public safety and security response requires coordination among officials from law enforcement, fire, and EMS.
- **Emergency Triage and Pre-Hospital Treatment.** This is the capability to appropriately dispatch EMS resources; provide feasible, suitable, and medically acceptable pre-hospital



triage and treatment of patients; provide transport as well as medical care en route to an appropriate receiving facility; and track patients to a treatment facility.

- **Environmental Health.** This is the capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency on the public. The capability minimizes human exposures to environmental public health hazards (e.g., contaminated food, air, water, solid waste/debris, hazardous waste, vegetation, sediments, vectors). The capability provides the expertise to run fate and transport models; design, implement, and interpret the results of environmental field surveys and laboratory sample analyses; develop protective guidance where none exists; and use available data and judgment to recommend appropriate actions for protecting the public and environment. Environmental health identifies environmental hazards in the affected area through rapid needs assessments and comprehensive environmental health and risk assessments. It works closely with the health community and environmental agencies to link exposures with predicted disease outcomes, provides input in the development of Crisis and Emergency Risk Communication (CERC) messages, provides guidance on personal protective measures, and advises on environmental health guidelines.
- **Explosive Device Response Operations.** This is the capability to coordinate, direct, and conduct improvised explosive device (IED) response after initial alert and notification; coordinate intelligence fusion and analysis, information collection, and threat recognition; assess the situation and conduct appropriate render-safe procedures (RSP); conduct searches for additional devices; and coordinate overall efforts to mitigate CBRNE threats to the incident site.
- **Fatality Management.** This is the capability to effectively perform scene documentation; the complete collection and recovery of the dead, victims' personal effects, and items of evidence; decontamination of remains and personal effects (if required); transportation, storage, documentation, and recovery of forensic and physical evidence; determination of the nature and extent of injury; identification of the fatalities using scientific means; certification of the cause and manner of death; processing and returning of human remains and personal effects of the victims to the legally authorized person(s) (if possible); and interaction with and provision of legal, customary, compassionate, and culturally competent required services to the families of deceased within the context of the family assistance center. All activities should be sufficiently documented for admissibility in criminal and civil courts. Fatality management activities also need to be incorporated in the surveillance and intelligence sharing networks to identify sentinel cases of bioterrorism and other public health threats. Fatality management operations are conducted through a unified command structure.
- **Fire Incident Response Support.** This capability provides coordination and implementation of fire suppression operations, which include the following tasks: assessing the scene, assigning resources, establishing an Incident Command System (ICS) consistent with the National Incident Management System (NIMS), communicating the status of the situation, requesting additional resources, establishing a safe perimeter, evacuating persons in danger, rescuing trapped victims, conducting fire suppression,



determining the cause of the fire(s), and ensuring the area is left in a safe condition. This capability further includes support necessary to prepare the community and reduce vulnerabilities in a major event.

- **Isolation and Quarantine.** This is the capability to protect the health of the population through the use of isolation and/or quarantine measures to contain the spread of disease. Isolation of ill individuals may occur in homes, hospitals, designated healthcare facilities, or alternate facilities. Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and may become infectious. Successful implementation will require that sufficient legal, logistical, and informational support exists to maintain these measures. Most experts expect that isolation and quarantine will not stop the outbreak and that, if used, the focus will be on cases that might introduce the disease into the State or other geographic area.
- **Mass Care (Sheltering, Feeding, and Related Services).** This is the capability to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items, and related services to persons affected by a large-scale incident. Mass care is usually provided by nongovernmental organizations (NGOs), such as the American Red Cross, or by local government. The capability also provides for companion animal care/handling through local government and appropriate animal-related organizations.
- **Mass Prophylaxis.** This is the capability to protect the health of the population through the administration of critical interventions in response to a public health emergency in order to prevent the development of disease among those who are exposed or are potentially exposed to public health threats. This capability includes the provision of appropriate followup and monitoring of adverse events as well as risk communication messages to address the concerns of the public.
- **Medical Supplies Management and Distribution.** This is the capability to procure and maintain pharmaceuticals and medical materials before an incident and to transport, distribute, and track these materials during an incident.
- **Medical Surge.** This is the capability to rapidly expand the capacity of the existing healthcare system (long-term care facilities, community health agencies, acute care facilities, alternate care facilities, and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patients that overwhelm the day-to-day acute-care medical capacity. Planners must consider that medical resources are normally at or near capacity at any given time. Medical surge is defined as rapid expansion of the capacity of the existing healthcare system in response to an event that results in increased need of personnel (clinical and nonclinical), support functions (laboratories and radiological), physical space (beds, alternate care facilities), and logistical support (clinical and nonclinical equipment and supplies).
- **Onsite Incident Management.** This is the capability to effectively direct and control incident activities by using the ICS consistent with the NIMS.





- **Responder Safety and Health.** This is the capability that ensures adequate trained and equipped personnel and resources are available at the time of an incident to protect the safety and health of onscene first responders, hospital/medical facility personnel (first receivers), and skilled support personnel through the creation and maintenance of an effective safety and health program. This program needs to comply with the Occupational Safety and Health Administration's (OSHA's) Hazardous Waste Operations and Emergency Response (HAZWOPER) standard (29 Code of Federal Regulations [CFR] 1910.120, as implemented by the U.S. Environmental Protection Agency [EPA] or State authorities) and any other applicable Federal and State regulations. The program also needs to be integrated into the ICS and include training, exposure monitoring, personal protective equipment, health and safety planning, risk management practices, medical care, decontamination procedures, infection control, vaccinations for preventable diseases, adequate work-schedule relief, psychological support, and followup assessments.
- **Search and Rescue (Land-Based).** This is the capability to coordinate and conduct search and rescue (SAR) response efforts for all hazards, including searching affected areas for victims (human and, to the extent no humans remain endangered, animal) and locating, accessing, medically stabilizing, and extricating victims from the damaged area.
- **Volunteer Management and Donations.** This is the capability to effectively coordinate the use of volunteers and donations in support of domestic incident management.
- **Weapons of Mass Destruction (WMD)/Hazardous Materials (HazMat) Response and Decontamination.** This is the capability to assess and manage the consequences of a HazMat release, either accidental or as part of a terrorist attack. It includes testing and identifying all likely hazardous substances onsite; ensuring that responders have protective clothing and equipment; conducting rescue operations to remove affected victims from the hazardous environment; conducting geographical survey searches of suspected sources or contamination spreads and establishing isolation perimeters; mitigating the effects of HazMat; decontaminating onsite victims, responders, and equipment; coordinating offsite decontamination with relevant agencies; and notifying environmental, health, and law enforcement agencies that have jurisdiction for the incident to begin implementation of their standard evidence collection and investigation procedures.

### ***Recover Mission Area***

- **Economic and Community Recovery.** This is the capability to implement short- and long-term recovery and mitigation processes after an incident. This will include identifying the extent of damage caused by an incident, conducting thorough postevent assessments, and determining and providing the support needed for recovery and restoration activities to minimize future loss from a similar event.
- **Restoration of Lifelines.** This is the capability to initiate and sustain restoration activities. This includes facilitating the repair/replacement of infrastructure for oil, gas, electric, telecommunications, drinking water, wastewater, and transportation services.



- **Structural Damage Assessment.** This is the capability to conduct damage and safety assessments of civil, commercial, and residential infrastructure and to perform structural inspections and mitigation activities. The capability includes being able to provide contractor management, construction management, cost estimating, technical assistance, and other engineering services to support and manage response and recovery operations.



## APPENDIX B: EXERCISE TYPES

### Discussion-Based Exercises

Discussion-based exercises are normally used as starting points in the building-block approach to the cycle, mix, and range of exercises. Discussion-based exercises include seminars, workshops, tabletop exercises (TTXs), and games. These types of exercises typically highlight existing plans, policies, mutual aid agreements (MAAs), and procedures. Thus, they are exceptional tools for familiarizing agencies and personnel with current or expected jurisdictional capabilities. Discussion-based exercises typically focus on strategic policy-oriented issues; operations-based exercises focus more on tactical response-related issues. Facilitators and/or presenters usually lead the discussion, keeping participants on track while meeting the objectives of the exercise.

**Seminars.** Seminars are generally used to orient participants to, or provide an overview of, authorities, strategies, plans, policies, procedures, protocols, response resources, or concepts and ideas. Seminars provide a good starting point for jurisdictions that are developing or making major changes to their plans and procedures. They offer the following attributes:

- Informal discussions led by a seminar leader
- Lack of time constraints caused by real-time portrayal of events
- Low-stress environment that uses a number of instruction techniques such as lectures, multimedia presentations, panel discussions, case study discussions, expert testimony, and decision support tools
- Proven effectiveness with both small and large groups

**Workshops.** Workshops represent the second tier of exercises in the Homeland Security Exercise and Evaluation Program (HSEEP) building-block approach. Although similar to seminars, workshops differ in two important aspects: participant interaction is increased, and the focus is on achieving or building a product (such as a plan or a policy). Workshops provide an ideal forum for the following:

- Building teams
- Collecting or sharing information
- Obtaining consensus
- Obtaining new or different perspectives
- Problem solving of complex issues
- Testing new ideas, processes, or procedures
- Training groups in coordinated activities

In conjunction with exercise development, workshops are most useful in achieving specific aspects of exercise design such as the following:

- Determining evaluation elements and standards of performance
- Determining program or exercise objectives
- Developing exercise scenario and key events listings

A workshop may be used to produce new standard operating procedures (SOPs), emergency operations plans (EOPs), MAAs, Multi-Year Training and Exercise Plans (output of the TEPW),





and improvement plans (IPs). To be effective, workshops must be highly focused on a specific issue, and the desired outcome or goal must be clearly defined.

Potential topics and goals are numerous, but all workshops share the following attributes:

- Effective with both small and large groups
- Facilitated, working breakout sessions
- Goals oriented toward an identifiable product
- Information conveyed through different instructional techniques
- Lack of time constraint from real-time portrayal of events
- Low-stress environment
- No-fault forum
- Plenary discussions led by a workshop leader

**Tabletop Exercises (TTXs).** TTXs involve senior staff members, elected or appointed officials, or other key personnel in an informal setting discussing simulated situations. This type of exercise is intended to stimulate discussion of various issues regarding a hypothetical situation. It can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, and recovery from a defined incident. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem solving rather than the rapid, spontaneous decisionmaking that occurs under actual or simulated emergency conditions. In contrast to the scale and cost of operations-based exercises and games, TTXs can be cost-effective tools when used in conjunction with more complex exercises. The effectiveness of a TTX is derived from the energetic involvement of participants and their assessment of recommended revisions to current policies, procedures, and plans.

TTX methods are divided into two categories: basic and advanced. In a basic TTX, the scene set by the scenario materials remains constant. It describes an event or emergency incident and brings discussion participants up to the simulated present time. Players apply their knowledge and skills to a list of problems presented by the facilitator, problems are discussed as a group, and resolution is generally agreed upon and summarized by the leader. In an advanced TTX, play focuses on delivery of prescribed messages to players that alter the original scenario. The exercise facilitator usually introduces problems one at a time in the form of a written message, simulated telephone call, videotape, or other means. Participants discuss the issues raised by the problem, using appropriate plans and procedures. TTX attributes may include the following:

- Achieving limited or specific objectives
- Assessing interagency coordination
- Conducting a specific case study
- Examining personnel contingencies
- Familiarizing senior officials with a situation
- Participating in information sharing
- Practicing group problem solving
- Testing group message interpretation



## Operations-Based Exercises

Operations-based exercises are used to validate the plans, policies, agreements, and procedures solidified in discussion-based exercises. Operations-based exercises include drills, functional exercises (FEs), and full-scale exercises (FSEs). They can clarify roles and responsibilities, identify gaps in resources needed to implement plans and procedures, and improve individual and team performance. Operations-based exercises are characterized by actual response, mobilization of apparatus and resources, and commitment of personnel, usually over an extended period of time.

**Drills.** A drill is a coordinated, supervised activity usually used to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills. Typical attributes include the following:

- A narrow focus, measured against established standards
- Instant feedback
- Performance in isolation
- Realistic environment

**Functional Exercises (FEs).** An FE, also known as a Command Post Exercise (CPX), is designed to test and evaluate individual capabilities, multiple functions or activities within a function, or interdependent groups of functions. FEs generally focus on exercising the plans, policies, procedures, and staffs of the direction and control nodes of the Incident Command System (ICS), Unified Command, and Emergency Operations Centers (EOCs). Generally, incidents are projected through an exercise scenario with event updates that drive activity at the management level. Movement of personnel and equipment is simulated.

The objective of an FE is to execute specific plans and procedures and apply established policies, plans, and procedures under crisis conditions, within or by particular function teams. An FE simulates the reality of operations in a functional area by presenting complex and realistic problems that require rapid and effective responses by trained personnel in a highly stressful environment. Attributes of an FE include the following:

- Evaluating the EOC, headquarters, and staff
- Evaluating functions
- Examining interjurisdictional relationships
- Measuring resource adequacy
- Reinforcing established policies and procedures

**Full-Scale Exercises (FSEs).** FSEs are multiagency, multijurisdictional exercises that test many facets of emergency response and recovery. They include many first responders operating under the ICS or Unified Command to effectively and efficiently respond to, and recover from, an incident. An FSE focuses on implementing and analyzing the plans, policies, and procedures developed in discussion-based exercises and honed in previous, smaller, operations-based exercises. The events are projected through a scripted exercise scenario with built-in flexibility to allow updates to drive activity. It is conducted in a real-time, stressful environment that closely mirrors a real incident. First responders and resources are mobilized and deployed to the scene where they conduct their actions as if a real incident had occurred (with minor exceptions). An



FSE simulates the reality of operations in multiple functional areas by presenting complex and realistic problems that require critical thinking, rapid problem solving, and effective responses by trained personnel in a highly stressful environment. Other entities that are not involved in the exercise, but that would be involved in an actual incident, should be instructed not to respond.

An FSE provides an opportunity to execute plans, procedures, and MAAs in response to a simulated live incident in a highly stressful environment. Typical FSE attributes include the following:

- Activating personnel and equipment
- Allocating resources and personnel
- Analyzing memorandums of understanding (MOUs), SOPs, plans, policies, and procedures
- Assessing equipment capabilities
- Assessing interjurisdictional cooperation
- Assessing organizational and individual performance
- Demonstrating interagency cooperation
- Exercising public information systems
- Testing communications systems and procedures



## **APPENDIX C: SAMPLE FORMS**

### **Sample Invitation Letter**

**To:** Homeland Security Exercise and Evaluation Program (HSEEP) Stakeholders  
**From:** [Jurisdiction or Agency Representative (e.g., State Administrative Agency [SAA] or Exercise Point of Contact [POC])]  
**Date:** [Date]  
**Subject:** Training and Exercise Planning Workshop (TEPW)

The [jurisdiction or agency] invites you to attend the [jurisdiction or agency's] Training and Exercise Planning Workshop (TEPW) on [date] at [location]. The workshop will begin at [time] and conclude at [time]; attendee registration will begin at [time].

The TEPW provides the opportunity to update the Multi-Year Training and Exercise Plan and incorporate the target capabilities established at the Improvement Planning Workshop (IPW). The focus of the TEPW is to coordinate all training and exercise activities throughout the [jurisdiction or agency], including activities sponsored by Federal agencies, States, Urban Area Security Initiative (UASI), and tribal entities. The [jurisdiction or agency] should ensure that training and exercise schedules are coordinated to prevent duplication of efforts and overextension of resources. The attached agenda and read-ahead material will provide you an overview of the workshop.

To prepare for the TEPW, please review the following:

- Priority target capabilities and areas for improvement identified during the IPW
- Jurisdiction or Agency's Multi-Year Training and Exercise Plan
  - Identify and prepare to discuss exercises that can be nominated for the exercise calendar and training opportunities that align to the areas for improvement identified during the IPW.

We realize the importance in making preparedness planning decisions and therefore ask that requests for attendees other than yourself or an alternate representative be made through the [jurisdiction or agency].

We look forward to your participation in this workshop.

Attachments:

Registration Form  
Agenda



## **Sample TEPW Agenda**

8:30 a.m.	Registration
9:00 a.m.	Welcome and Introductions
9:15 a.m.	Training and Exercise Planning Workshop (TEPW) Overview
9:30 a.m.	Review of Improvement Planning Workshop (IPW) Priorities
9:45 a.m.	Training and Exercise Plan Briefs
11:00 a.m.	Break
11:15 a.m.	Activity 1: Identify Training Opportunities
12:45 p.m.	Lunch
1:45 p.m.	Activity 2: Link Priority Target Capabilities to Fiscal Years
2:15 p.m.	Break
2:30 p.m.	Activity 3: Update Exercise Schedule
4:00 p.m.	Activity 4: Identify Exercise Training Opportunities
5:00 p.m.	Hot Wash
5:15 p.m.	Adjourn



## **Sample Participant List**

### ***State and Local Representatives***

- Airport operations representative
- Board of animal health
- Citizen corps
- Emergency management
- Local or regional training and exercise coordinator(s)
- Medical/hospitals
- National Guard
- Ports authority
- Private sector (e.g., utilities, plants, and industry)
- Public health
- Public safety (e.g., law enforcement, fire, emergency medical services [EMS], medical examiner's office)
- Public works
- School district representative
- State Administrative Agency (SAA)
- State homeland security
- State-appointed exercise point of contact (POC)
- State-appointed training POC
- Transit authority
- Tribal liaison
- Urban Area Security Initiative (UASI) representative

### ***Federal Partners***

- Centers for Disease Control and Prevention (CDC)
- Environmental Protection Agency (EPA)
- Federal Aviation Administration (FAA) regional representative
- Federal Bureau of Investigation (FBI)
- Federal Emergency Management Agency (FEMA) regional representative
- Protective Security Advisor – Infrastructure Protection
- Transportation Security Administration (TSA) Transportation Readiness Division
- U.S. Coast Guard (USCG)
- U.S. Department of Agriculture
- U.S. Department of Defense
- U.S. Department of Energy
- U.S. Department of Health and Human Services (HHS) regional emergency coordinator
- U.S. Department of Transportation (DOT)

Tab	Instructions
Activity 1	Prior to the workshop, populate columns A and B with the areas for improvement and their associated primary target capabilities from the Improvement Planning Workshop (IPW). For the Training and Exercise Planning Workshop (TEPW), enter the training opportunities identified by the participants in column C.
Activity 2	Prior to the workshop, populate column A of the Activity 2 tab with the priority target capabilities from the IPW. For the TEPW, enter the fiscal year corresponding to the appropriate target capability identified by the participants in column B.
Activity 3–4	Prior to the workshop, populate the Activity 3 tab with the exercises and associated training identified at the prior year's TEPW. For activity 3 of the TEPW, enter the exercise information identified by the participants in columns A, B, and C. For activity 4 of the TEPW, enter the associated training identified by the participants in column D.
Hot Wash	Enter the strengths of the workshop identified by the participants in column A. Enter the areas for improvement of the workshop identified by the participants in column B.

Area for Improvement	Target Capability	Training
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Target Capability	Fiscal Year
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Event Name/Scenario/Type	Proposed Date	Sponsor/Location	Training Needs
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Strength	Improvement
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## Homeland Security Exercise and Evaluation Program (HSEEP)

Multiyear Training and Exercise Calendar (20XX–20XX)

[Jurisdiction Name]

Fiscal Year 20XX				
Quarter 1	Quarter 1	October	November	December
Quarter 2	Quarter 2	January	February	March
Quarter 3	Quarter 3	April	May	June
Quarter 4	Quarter 4	July	August	September

## WEAPONS POLICY

It is the policy of the U.S. Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) National Preparedness Directorate to ensure that every effort is made to provide a safe and secure environment during National Preparedness Directorate-sponsored exercises for its participants, observers/VIPs, control and evaluation staff members, volunteers, and the general public.

### Weapons

Federal and contractor exercise planners and controllers plan for and promulgate control measures with regard to weapons, whether introduced as a simulated device during exercise play or used by law enforcement officers in their normal scope of duties. For the purpose of this policy, a weapon includes all firearms; knives; less-than-lethal weapons, tools, and devices; and any other object capable of causing bodily harm.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) and who have an assigned exercise role (e.g., responder, tactical team) with the potential for interaction with other exercise participants (e.g., actor victims) will NOT carry a loaded weapon within the confines of the exercise play area. They may continue to carry their weapon only after it has been properly cleared and rendered safe (i.e., no ammunition in chamber, cylinder, breach, or magazines) and only after being marked or identified in a conspicuous manner (e.g., bright tape visible around the stock or holster). The use of an area clearly marked as “off limits” and with assigned armed personnel to secure weapons in a container, vehicle, or other security area is acceptable and should be consistent with host jurisdiction weapons security policies.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) who are used to provide real-world perimeter security for the exercise and have no assigned or direct interaction with exercise participants may continue to carry loaded weapons as part of their normal scope of duty.

All other personnel with no legal authority to carry weapons will not bring, introduce, or have in their possession any weapon of any type in any area associated with the exercise. All exercise participants will be provided with a safety briefing that specifies provisions and policies regarding weapons before the exercise starts.

### Explosives and Pyrotechnics

Simulated explosive devices, such as “flash bangs,” pyrotechnics, flares, smoke grenades, and so forth, will be handled and/or detonated only by qualified exercise staff members or bomb technicians. Eye and ear protection should be worn by any persons in the area of explosive devices.

## Homeland Security Exercise and Evaluation Program (HSEEP)

## Weapons Policy

[Full Exercise Name]

[Exercise Name Continued]

**Aggressive Behavior**

Aggressive behavior will not be tolerated during exercise conduct, except in matters of self-defense. Examples of aggressive behavior may include excessive speeding; uncontrolled animals (e.g., K-9s, horses); use of defense products (e.g., mace, pepper spray, stun guns, tasers, batons); and forceful use of operational response equipment or tools (e.g., pike poles, hose lines used at full stream on victims).

**Exercise Notification**

The DHS/FEMA National Preparedness Directorate supports exercise play that simulates real-life incidents; however, funds are not to be used for exercises that include or impact the general public without prior notification. Public notification includes, but is not limited to, message signs, press releases, postcards, radio/press advertisements, and community hearings. Exceptions to this policy specifying special mitigating circumstances must be directed, in writing, to the Exercise Manager or [hseep@dhs.gov](mailto:hseep@dhs.gov) thirty (30) days before the exercise.



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### **Weapons**

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### **Aggressive Behavior**

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FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Weapons Policy

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and forceful use of operational response equipment or tools (e.g., pike poles, hose lines used at full stream on victims).

### Exercise Notification

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The DHS/FEMA National Preparedness Directorate supports exercise play that simulates real-life incidents; however, funds are not to be used for exercises that include or impact the general public without prior notification. Public notification includes, but is not limited to, message signs, press releases, postcards, radio/press advertisements, and community hearings. Exceptions to this policy specifying special mitigating circumstances must be directed, in writing, to the Exercise Manager or [hseep@dhs.gov](mailto:hseep@dhs.gov) thirty (30) days before the exercise.



# Homeland Security Exercise and Evaluation Program (HSEEP) Volume IV: Sample Documents and Formats (2006)

## Section 2 - Exercise Planning

The HSEEP Volume IV provides sample exercise documents, formats, multimedia files, and policy guidance for exercise planning. The following resources were archived on October 7, 2015 from:

[https://web.archive.org/web/20090112224736/https://hseep.dhs.gov/hseep\\_vols/default1.aspx?url=home.aspx](https://web.archive.org/web/20090112224736/https://hseep.dhs.gov/hseep_vols/default1.aspx?url=home.aspx)

### Exercise Planning > Exercise Planning Team

- Exercise Planning Team Org Chart
- Planning Team Members (Discussion-based recommendation)
- Planning Team Members (Operations-based recommendation)

### Exercise Planning > Discussion-based Exercises

#### Discussion-based Exercises > Foundation > Master Task List

- Master Task List (DB)
- ~~Exercise Planning Timeline (DB) (FOUO)~~

#### Discussion-based Exercises > Foundation > Exercise Planning Team

- Discussion-Based Exercise PMT
- Planning Team Members Recommendation
- ~~Exercise Planning Timeline Recommendation (Discussion-based exercises) (FOUO)~~

#### Discussion-based Exercises > Foundation > Planning Conference Materials > Initial Planning Conference

- Initial Planning Conference Agenda
- Initial Planning Conference Sign-In
- Concept and Objectives Meeting Agenda
- Concept and Objectives Meeting Sign-In Sheet
- Initial Planning Conference Minutes (DB)
- Concept and Objectives Meeting Minutes (DB)
- Initial Planning Conference Brief (DB)
- Exercise Participant List (Discussion-based recommendation)
- Exercise Objectives (Discussion-based Recommendations/Samples)

#### Discussion-based Exercises > Foundation > Planning Conference Materials > Final Planning Conference

- Final Planning Conference Agenda
- Final Planning Conference Sign-In Sheets
- Final Planning Conference Minutes (DB)
- Final Planning Conference Brief (DB)

#### Discussion-based Exercises > Design and Development > Scenario > Scenario Variable Matrix

- Biological Scenario Variable Matrix
- Chemical Scenario Variable Matrix

#### Discussion-based Exercises > Design and Development > Documentation > Situation Manual (SITMAN) >

#### Sample Appendices

- Agent Hazard Summary Template
- Jurisdiction Fact Sheet
- Area Maps Appendix
- HSEEP Glossary

- HSEEP Acronym List
- Biological Terms Glossary

Discussion-based Exercises > Design and Development > Documentation > Situation Manual (SITMAN) > Document Covers

- Generic Document Cover 1
- Generic Document Cover 2

Discussion-based Exercises > Design and Development > Media/Public Information

- Public Information Media Release (DB)

Discussion-based Exercises > Design and Development > Logistics > Room Layouts

- Seminar Room Layout
- Tabletop Room Layout

Discussion-based Exercises > Design and Development > Logistics > Badges

- Exercise Badges (DB)

Discussion-based Exercises > Design and Development > Logistics > Name Tents

- Name Tents for discussion-based exercises

Discussion-based Exercises > Design and Development > Logistics > Table Tents

- Table Tents

Discussion-based Exercises > Design and Development > Logistics > Invitation

- Exercise Invitation

**Discussion-based Exercises > Conduct > Signs**

- Exercise Signs (DB)

Discussion-based Exercises > Conduct > Participant Feedback Form

- Participant Feedback Form (DB)

Discussion-based Exercises > Conduct > Hot Wash/Debrief

- Hot Wash Sign-In Sheets
- Hot Wash Minutes (DB)

**Discussion-based Exercises > Evaluation**

- After-Action Conference Sign-in Sheets
- After-Action Conference Agenda
- Evaluator Log Template
- Evaluator Orientation Briefing Template

Discussion-based Exercises > Evaluation > After Action Report > Letter of Transmittal > Draft AAR/IP

- Draft AAR/IP Transmittal Letter (FEMA)
- Draft AAR/IP Transmittal Letter (State)

Discussion-based Exercises > Evaluation > After Action Report > Letter of Transmittal > Final AAR/IP

- Final AAR/IP Transmittal Letter (State)
- Final AAR/IP Transmittal Letter (FEMA)

Discussion-based Exercises > Evaluation > After Action Report > After Action Reports

- AAR/IP Template (DB+OB)

Discussion-based Exercises > Evaluation > Exercise Evaluation Guides

- Discussion Based EEG Template Customization Job Aid
- Evaluator Guidelines Job Aid Template
- Medical Supplies Management and Distribution Discussion-Based Exercise Evaluation Guide
- Medical Surge Discussion-Based Exercise Evaluation Guide
- Onsite Incident Management Discussion-Based Exercise Evaluation Guide
- Planning Discussion-Based Exercise Evaluation Guide
- Public Health Laboratory Testing Discussion-Based Exercise Evaluation Guide
- Public Safety and Security Response Discussion-Based Exercise Evaluation Guide
- Responder Safety and Health Discussion-Based Exercise Evaluation Guide
- Restoration of Lifelines Discussion-Based Exercise Evaluation Guide

- Risk Management Discussion-Based Exercise Evaluation Guide
- Structural Damage and Mitigation Assessment Discussion-Based Exercise Evaluation Guide
- Triage and Pre-Hospital Treatment Discussion-Based Exercise Evaluation Guide
- Urban Search & Rescue Discussion-Based Exercise Evaluation Guide
- Volunteer Management and Donations Discussion-Based Exercise Evaluation Guide
- WMD/Hazardous Materials Response and Decontamination Discussion-Based Exercise Evaluation Guide
- AAR Data Input Form
- Animal Health Emergency Support Exercise Discussion-Based Evaluation Guide
- CBRNE Detection Discussion-Based Exercise Evaluation Guide
- Citizen Protection: Evacuation and/or In-Place Protection Discussion-Based Exercise Evaluation Guide
- Communications Discussion-Based Exercise Evaluation Guide
- Community Preparedness and Participation Discussion-Based Exercise Evaluation Guide
- Critical Infrastructure Protection Discussion-Based Exercise Evaluation Guide
- Critical Resource Logistics and Distribution Discussion-Based Exercise Evaluation Guide
- Economic & Community Recovery Discussion-Based Exercise Evaluation Guide
- Emergency Operations Center (EOC) Management Discussion-Based Exercise Evaluation Guide
- Emergency Public Information and Warning Discussion-Based Exercise Evaluation Guide
- Environmental Health and Vector Control Discussion-Based Exercise Evaluation Guide
- Epidemiological Surveillance and Investigation Discussion-Based Exercise Evaluation Guide
- Explosive Device Response Operations Discussion-Based Exercise Evaluation Guide
- Fatality Management Discussion-Based Exercise Evaluation Guide
- Firefighting Operations/Support Discussion-Based Exercise Evaluation Guide
- Food and Agriculture Safety and Defense Discussion-Based Exercise Evaluation Guide
- Information Gathering and Recognition of Indicators and Warnings Discussion-Based Exercise Evaluation Guide
- Intelligence Analysis and Production Discussion-Based Exercise Evaluation Guide
- Intelligence/Information Sharing and Dissemination Discussion-Based Exercise Evaluation Guide
- Isolation and Quarantine Discussion-Based Exercise Evaluation Guide
- Law Enforcement Investigation and Operations Discussion-Based Exercise Evaluation Guide
- Mass Care (Sheltering, Feeding, and Related Services) Discussion-Based Exercise Evaluation Guide
- Mass Prophylaxis Discussion-Based Exercise Evaluation Guide

Discussion-based Exercises > Evaluation > Lessons Learned/Best Practices

- LLIS Information

**Discussion-based Exercises > Improvement Planning > After Action Conference**

- After-Action Conference Agenda
- AAC Brief (DB)

## **Exercise Planning > Operations-based Exercises**

**Operations-based Exercises > Foundation > Master Task List**

- Operations-Based Exercise Project Management Timeline
- Master Task List (OB)
- Exercise Planning Timeline (Operations-based recommendation)

Operations-based Exercises > Foundation > Exercise Planning Team

- Exercise Planning Team Organizational Chart (Operations-based Exercises)
- Planning Team Members Recommendation for operations-based exercises

Operations-based Exercises > Foundation > Planning Conference Materials > Initial Planning Conference

- Initial Planning Conference Agenda (Operations-based Exercises)
- Initial Planning Conference Sign-In Sheets
- Concept and Objectives Meeting Agenda

- Concept and Objectives Meeting Sign-in Sheets
- Initial Planning Conference Minutes (OB)
- Concept and Objectives Meeting Minutes (OB)
- Initial Planning Conference Brief (OB)
- Exercise Planning Timeline (Operations-based recommendation)

Operations-based Exercises > Foundation > Planning Conference Materials > Midterm Planning Conference

- Mid-Term Planning Conference Sign-in Sheets
- Mid-Term Planning Conference Minutes
- Mid-Term Planning Conference Brief (OB)
- Mid-Term Planning Conference Agenda

Operations-based Exercises > Foundation > Planning Conference Materials > Final Planning Conference

- Final Planning Conference Agenda
- Final Planning Conference Sign-in Sheets
- Final Planning Conference Minutes (OB)
- Final Planning Conference Brief (OB)

**Operations-based Exercises > Design and Development > Scope**

- Extent of Play Agreement
- Participating Agency List (Recommendation for Operations-based exercises)
- Exercise Objectives (Operations-based recommendations)

Operations-based Exercises > Design and Development > Scenario > Scenario Variable Matrix

- Biological Scenario Variable Matrix
- Chemical Scenario Variable Matrix

Operations-based Exercises > Design and Development > Documentation > Control Staff Instructions

- Control Staff Instructions (COSIN)

Operations-based Exercises > Design and Development > Documentation > Evaluation Plan (EvalPlan)

- Evaluation Plan (EvalPlan)

Operations-based Exercises > Design and Development > Documentation > Master Scenario Events List

- MSEL Conference Agenda
- MSEL Conference Sign-in Sheets
- MSEL Conference Minutes
- MSEL Sample - Earthquake (Military Response)
- ~~MSEL Sample - Earthquake (Regional)~~ (FOUO)
- MSEL Sample - Earthquake (State-wide)
- MSEL Sample - HazMat Incident (FSE)
- MSEL Sample - Public Event
- MSEL Sample - RDD (Regional)
- ~~MSEL Sample - Special Event~~ (FOUO)
- MSEL Sample - Tier I NLE (RDD - FE)
- MSEL Sample - Tier I NLE (RDD - FSE - U.S. Territory)
- MSEL Sample - Tier I NLE (RDD - FSE)
- MSEL Sample - Tier I Prevention-based NLE
- MSEL Sample - Tsunami
- MSEL Sample - Earthquake
- MSEL Sample - Hurricane

Operations-based Exercises > Design and Development > Documentation > Sample Appendices

- Exercise Schedule (OB)
- Communications Plan
- Controller and Evaluator Assignments
- Jurisdiction Fact Sheet
- Area Maps

- Deployment Timetable
- Controller Communications Plan (OB)
- Agent Hazard Summary Template
- Participating and Simulated Agencies List

Operations-based Exercises > Design and Development > Documentation > Document Covers

- Generic Document Cover 1
- Generic Document Cover 2

Operations-based Exercises > Design and Development > Assembly Area > Deployment Timetable

- Deployment Timetable

Operations-based Exercises > Design and Development > Assembly Area > Player Information Handout

- Player Handout
- Operations-Based Hats and Badges Card

Operations-based Exercises > Design and Development > Actors > Actor Waiver Form

- Actor Waiver Form

Operations-based Exercises > Design and Development > Actors > Actor Information Sheet

- Actor Information Sheet

Operations-based Exercises > Design and Development > Actors > Moulage Kit

- Moulage Kit

Operations-based Exercises > Design and Development > Actors > Actor Tags/Labels > Symptomology Tags (Chemical)

- Contaminated Labels
- Deceased Labels
- Do Not Decon Labels

Operations-based Exercises > Design and Development > Actors > Actor Tags/Labels > Symptomology Tags (Chemical) > Lewisite

- Worried Well (Lewisite)
- Deceased Labels (Lewisite)
- Mild Moderate Symptoms (Lewisite)
- Moderate Symptoms (Lewisite)
- Severe Symptoms (Lewisite)
- Severe Trauma Symptoms (Lewisite)

Operations-based Exercises > Design and Development > Actors > Actor Tags/Labels > Symptomology Tags (Chemical) > Sarin

- Deceased Labels (Sarin)
- Moderate Symptoms (Sarin)
- Severe Symptoms (Sarin)
- Severe Trauma Symptoms (Sarin)
- Worried Well Tags (Sarin)

Operations-based Exercises > Design and Development > Actors > Actor Tags/Labels > Symptomology Tags (Chemical) > VX

- Mild Moderate Symptoms (VX)
- Severe Symptoms (VX)
- Severe Trauma Symptoms (VX)
- Worried Well Tags (VX)

Operations-based Exercises > Design and Development > Actors > Hospital/Victim List

- Hospital Victim Breakdown List

Operations-based Exercises > Design and Development > Actors > Media/Public Information

- Public Announcement
- Public Information Media Release (OB)

Operations-based Exercises > Design and Development > Actors > Logistics > Identification Badges/Labels > ID Badges

- Controller Badges

- Evaluator Badges
- Media Badges
- Observer Badges
- Player Badges
- VIP Badges
- Support Staff Badges (Escorted)
- Support Staff Badges (Full Access)

Operations-based Exercises > Design and Development > Actors > Logistics > Identification Badges/Labels > Labels

- Contaminated Labels
- Do Not Decontaminate Labels 2
- Deceased Labels

Operations-based Exercises > Design and Development > Actors > Logistics > Signs

- Exercise Signs (OB)

Operations-based Exercises > Design and Development > Actors > Logistics > Invitation

- Exercise Invitation

**Operations-based Exercises > Conduct > Exercise Briefings**

- Hot Wash Sign-In Sheets
- spital Debrief
- Actors Brief
- Controller and Evaluator Brief (OB)
- Controller and Evaluator Debrief (OB)
- Hospital Brief
- Observer VIP Brief (OB)
- Players Brief (FSE)

Operations-based Exercises > Conduct > Activity Logs

- Activity Logs

Operations-based Exercises > Conduct > Participant Feedback Form

- Participant Feedback Form

**Operations-based Exercises > Evaluation**

- Evaluator Log Template
- Evaluator Orientation Briefing Template

Operations-based Exercises > Evaluation > After Action Report (AAR) > AAR

- AAR/IP Template (DB+OB Exercises)

Operations-based Exercises > Evaluation > After Action Report (AAR) > Letters of Transmittal > Draft AAR/IP

- Draft AAR/IP Transmittal Letter (FEMA)
- Draft AAR/IP Transmittal Letter (State)

Operations-based Exercises > Evaluation > After Action Report (AAR) > Letters of Transmittal > Final AAR/IP

- Final AAR/IP Transmittal Letter (FEMA)
- Final AAR/IP Transmittal Letter (State)

Operations-based Exercises > Evaluation > After Action Report (AAR) > Lessons Learned/Best Practices

- LLIS Summary

Operations-based Exercises > Evaluation > After Action Report (AAR) > Exercise Evaluation Guides

- Operations Based EEG Template Customization Job Aid
- Evaluator Guidelines Job Aid Template (Operations-Based)
- AAR Data Input Form
- Animal Health Emergency Support Exercise Operations-Based Evaluation Guide
- CBRNE Detection Operations-Based Exercise Evaluation Guide
- Citizen Protection: Evacuation and/or In-Place Protection Operations-Based Exercise Evaluation Guide
- Communications Operations-Based Exercise Evaluation Guide

- Community Preparedness and Participation Operations-Based Exercise Evaluation Guide
- Critical Infrastructure Protection Operations-Based Exercise Evaluation Guide
- Critical Resource Logistics and Distribution Operations-Based Exercise Evaluation Guide
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- Restoration of Lifelines Operations-Based Exercise Evaluation Guide
- Risk Management Operations-Based Exercise Evaluation Guide
- Structural Damage and Mitigation Assessment Operations-Based Exercise Evaluation Guide
- Triage and Pre-Hospital Treatment Operations-Based Exercise Evaluation Guide
- Urban Search & Rescue Operations-Based Exercise Evaluation Guide
- Volunteer Management and Donations Operations-Based Exercise Evaluation Guide
- WMD/Hazardous Materials Response and Decontamination Operations-Based Exercise Evaluation Guide

#### **Operations-based Exercises > Improvement Planning > After Action Conference**

- After Action Conference DHS
- After-Action Conference Agenda
- After-Action Conference Sign-in Sheets
- AAC Brief (OB)

## **Exercise Planning Team resources**



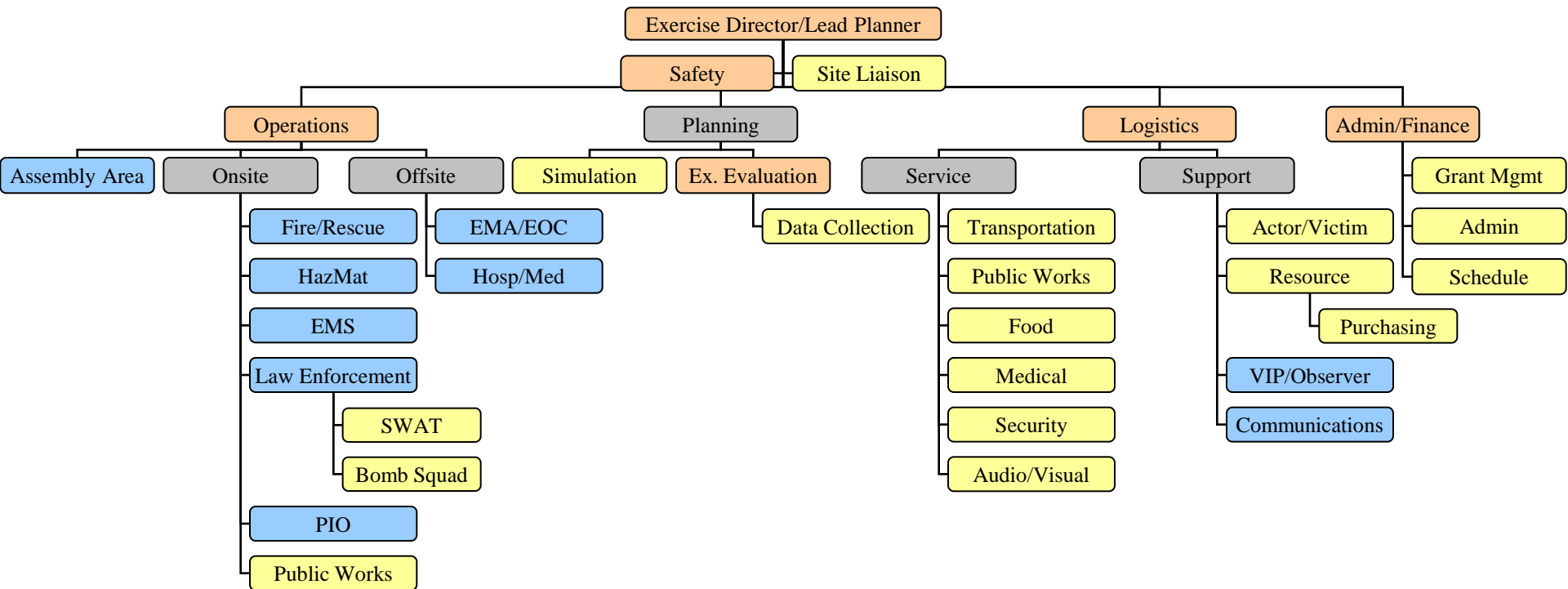
# Exercise Planning Team Organizational Chart

Minimum Positions

Expanded Positions (Task Oriented)

Operations-Based Exercises

Sectioning Designation





FEMA

## **HSEEP Exercise Guidance Recommended Planning Team Members for Discussion-Based Exercises**

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Exercise Planning Team members should be determined based on the scope and type of exercise as well as the scenario and/or subject. For example, a tabletop exercise (TTX) with a scenario involving a biological agent should include planners and subject matter experts (SMEs) from the medical and public health communities.

The following sample list of Exercise Planning Team members should be modified to meet the jurisdiction's requirements.

### **Emergency Management**

- Emergency management
- Homeland security

### **Public Safety**

- Fire
- Hazardous materials (HazMat)
- Law enforcement
- Emergency medical services (EMS)
- Special operations
- Bomb squad
- Federal Bureau of Investigation (FBI)

### **Public Health**

- Public health department
- Communicable disease
- Epidemiologists
- Infectious disease
- Pathology
- Poison control

### **Medical**

- Hospital administrators
- Coroner/medical examiner
- Hospital infection control
- Hospital lab managers
- Hospital emergency room
- Medical society
- Private practitioners
- Veterinary

### **Other**

- Public works
- Public Information Officer (PIO)
- Volunteer organizations (e.g., American Red Cross)



FEMA

## **HSEEP Exercise Guidance Recommended Planning Team Members for Discussion-Based Exercises**

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- Communications/dispatch
- Government officials
- Environmental quality



## **HSEEP Exercise Guidance Recommended Planning Team Members for Operations-Based Exercises**

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Exercise Planning Team members should be determined based on the scope and type of exercise as well as the scenario. For example, a point of distribution (POD) drill that simulates the distribution of pharmaceutical supplies should involve planners and subject matter experts (SMEs) from the medical and public health communities.

The following sample list of Exercise Planning Team members should be modified to meet the jurisdiction's requirements. The agencies marked with asterisks are most critical to have present during all planning conferences.

### **Emergency Management**

- Emergency manager\*
- Homeland security\*
- Public health\*
- Public works
- Transportation/transit authority
- Public affairs
- Exercise venue/site management (e.g., stadium security)

### **Fire**

- Fire department\*
- Communications/dispatch\*
- Special operations (e.g., hazardous materials [HazMat], Metropolitan Medical Response System [MMRS])\*
- Mutual aid fire\*

### **Law Enforcement**

- Police\*
- Special operations (e.g., bomb squad, Special Weapons and Tactics [SWAT])\*
- Sheriff's department\*
- Local branch of Federal Bureau of Investigation (FBI)\*
- Mutual aid law enforcement\*

### **Medical**

- Hospital representatives (primary trauma center and/or hospital association)\*
- Emergency medical services (EMS) (public and private)\*
- Mutual aid
- Medical examiner/coroner

## **Discussion-based Exercises resources**

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Discussion-Based Exercise[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
<b>I. Foundation</b>					
Develop exercise budget					
Develop exercise planning timeline					
Identify Exercise Planning Team					
Schedule first planning conference					
<b>II. Design and Development</b>					
<i>Planning Conferences</i>					
<b>Initial Planning Conference (IPC)</b>					
Prepare and send invitations and read-ahead packets					
Develop agenda, presentation, and sign-in sheets					
Determine exercise scope (see <i>Scope</i> section)					
Determine exercise scenario (see <i>Scenario</i> section)					
Determine date for next planning conference					
Assign responsibilities and due dates for tasks					
Develop IPC minutes					
Begin development of exercise documentation (see <i>Documentation</i> section)					

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Discussion-Based Exercise[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
<b>Final Planning Conference (FPC)</b>					
Prepare and send invitations					
Develop agenda, briefing, and sign-in sheets					
Review all exercise materials, documents, and tasks					
Assign responsibilities and due dates for tasks					
Develop FPC minutes					
<b>Scope</b>					
Identify exercise design objectives					
Identify exercise participants					
<b>Scenario</b>					
Identify threat/hazard and/or specific agent					
Identify exercise venue					
<b>Documentation</b>					
Develop Situation Manual (SitMan)					
Develop multimedia exercise presentation					
Develop participant feedback forms					
Develop exercise evaluation packets (including Exercise Evaluation Guides [EEGs])					

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Discussion-Based Exercise[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
<i>Exercise Site Areas</i>					
Designate media/observer area					
Designate registration area					
Designate parking area					
<i>Media/Public Information</i>					
Develop media policy					
Develop media release/public information handout					
<i>Logistics</i>					
Arrange for use of exercise venue (reserve room/use of facility)					
Arrange for participant parking at venue					
Arrange for audio/visual equipment (e.g., microphones, screens, projectors)					
Arrange for exercise supplies (e.g., pens, markers, flipcharts)					
Develop mailing lists (players, facilitators, Exercise Planning Team)					
Develop ID badges, name/table tents, and sign-in sheets					
Arrange for restrooms					
Provide food and refreshments					
Develop signage					
Arrange for videotaping of exercise					



## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Discussion-Based Exercise[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
<i>Exercise Staffing</i>					
Determine exercise staff requirements					
Select and train exercise staff					
<b>III. Conduct</b>					
<i>Briefings</i>					
Present multimedia exercise briefing					
<i>Documentation</i>					
Distribute SitMan					
Distribute exercise evaluation packets					
Distribute participant feedback forms					
<i>Exercise Control</i>					
Set up exercise site					
Conduct/facilitate exercise					
Conduct postexercise Hot Wash					
<b>IV. Evaluation</b>					
<i>After Action Review</i>					
Develop Hot Wash minutes					
Conduct controller and evaluator (C/E) debriefing					
Develop C/E debriefing minutes					
Develop draft After Action Report (AAR)					
Send draft AAR to Exercise Planning Team for review					

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Discussion-Based Exercise

[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
<b>V. Improvement Planning</b>					
<i>After Action Conference</i>					
Schedule conference					
Prepare and send invitations					
Conduct After Action Conference					
Finalize AAR					
Develop Improvement Plan (IP)					
<i>Improvement Planning</i>					
Share lessons learned, best practices, and successes identified in AAR/IP					
Implement AAR/IP					
Track AAR/IP implementation					

# Discussion-based Exercise Project Management Timeline

## Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
<b>I. Foundation</b>												
Develop Exercise Budget												
Develop Project Management Timeline												
Identify Exercise Planning Team												
Schedule Initial Planning Conference												
<b>II. Design &amp; Development</b>												
<i>A. Planning Conferences</i>												
<b>1. Initial Planning Conference (IPC)</b>												
Prepare and send Invitations and Read-Ahead Packets												
Develop Agenda, Presentation, and Sign-In Sheets												
Determine exercise Scope (See <i>Section B: Scope</i> )												
Determine exercise Scenario (See <i>Section C: Scenario</i> )												
Determine date for next Planning Conference												
Assign responsibilities and due dates for tasks												
Develop IPC Minutes												
Begin development of exercise Documentation (See <i>Section D: Documentation</i> )												
<b>2. Final Planning Conference (FPC)</b>												

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Prepare and send Invitations												
Develop Agenda, Briefing, and Sign-In Sheets												
Review all exercise materials, documents, and tasks												
Assign responsibilities and due dates for tasks												
Develop FPC Minutes												
<i>B. Scope</i>												
Identify Exercise Design Objectives												
Identify Exercise Participants												
<i>C. Scenario</i>												
Identify Threat/Hazard and/or Specific Agent												
Identify Exercise Venue												
<i>D. Documentation</i>												
Develop Situation Manual (SitMan)												
Develop Multi-media Exercise Presentation												
Develop Participant Feedback Forms												
Develop Exercise Evaluation Packets (EEPs)												
<i>E. Exercise Site Areas</i>												
Designate Media/Observer Area												
Designate Registration Area												
Designate Parking Area												
<i>F. Media-Public Information</i>												

### Discussion-based Exercise Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Develop Media Policy												
Develop Media Release/Public Information Handout												
<i>G. Logistics</i>												
Arrange for use of exercise venue (reserve room/ use of facility)												
Arrange for participant parking at venue												
Arrange for audio/visual equipment (e.g., microphones, screens, projectors)												
Arrange for exercise supplies (e.g., pens, markers, flipcharts)												
Develop Mailing Lists (players, facilitators, exercise planning team)												
Develop ID Badges, Name tents and/or Tabletents, and Sign-in Sheets												
Arrange for restrooms												
Provide food and refreshments												
Develop signage												
Arrange for videotaping of exercise												
<i>H. Exercise Staffing</i>												
Determine exercise staff requirements												
Select and train exercise staff												
<b>III. Conduct</b>												
<i>A. Briefings</i>												
Multi-media Exercise Presentation												
<i>B. Documentation</i>												
Distribute SITMAN												

### Discussion-based Exercise Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Distribute EEPs												
Distribute Participant Feedback Forms												
<i>C. Exercise Control</i>												
Setup exercise site												
Conduct/facilitate the exercise												
Conduct a post-exercise Hotwash												
<b>IV. Evaluation</b>												
<i>A. After Action Review</i>												
Develop Hotwash Minutes												
Conduct C/E Debrief												
Develop C/E Debrief Minutes												
Develop Draft AAR												
Send Draft AAR to Exercise Planning Team for review												
<b>V. Improvement Planning</b>												
<i>A. After Action Conference</i>												
Schedule Conference												
Prepare and send Invitations												
Conduct After Action Conference												
Finalize AAR												
Develop Improvement Plan												
<i>B. Improvement Planning</i>												
Share lessons learned, best practices,												

### Discussion-based Exercise Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
and successes identified in AAR/IP												
Implement AAR/IP												
Track AAR/ IP implementation												



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## **HSEEP Exercise Guidance Recommended Planning Team Members for Discussion-Based Exercises**

---

Exercise Planning Team members should be determined based on the scope and type of exercise as well as the scenario and/or subject. For example, a tabletop exercise (TTX) with a scenario involving a biological agent should include planners and subject matter experts (SMEs) from the medical and public health communities.

The following sample list of Exercise Planning Team members should be modified to meet the jurisdiction's requirements.

### **Emergency Management**

- Emergency management
- Homeland security

### **Public Safety**

- Fire
- Hazardous materials (HazMat)
- Law enforcement
- Emergency medical services (EMS)
- Special operations
- Bomb squad
- Federal Bureau of Investigation (FBI)

### **Public Health**

- Public health department
- Communicable disease
- Epidemiologists
- Infectious disease
- Pathology
- Poison control

### **Medical**

- Hospital administrators
- Coroner/medical examiner
- Hospital infection control
- Hospital lab managers
- Hospital emergency room
- Medical society
- Private practitioners
- Veterinary

### **Other**

- Public works
- Public Information Officer (PIO)
- Volunteer organizations (e.g., American Red Cross)





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## **HSEEP Exercise Guidance Recommended Planning Team Members for Discussion-Based Exercises**

---

- Communications/dispatch
- Government officials
- Environmental quality

## INITIAL PLANNING CONFERENCE (IPC) AGENDA

[Date]

- I. Introductions
- II. Exercise Purpose, Scope, and Objectives
- III. Scenario and Master Scenario Events List (MSEL) Timeline
- IV. Participating Agencies
- V. Exercise Facilitation
- VI. Exercise Evaluation
- VII. Exercise Documents
- VIII. Exercise Logistics
- IX. Meeting Dates
- X. Closing

## INITIAL PLANNING CONFERENCE (IPC) SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

## CONCEPTS AND OBJECTIVES (C&O) MEETING AGENDA

[Date]

### I. Welcome and Introductions

### II. Review State Multiyear Exercise Plan

### III. Exercise Overview

### IV. Propose Exercise Design Elements

- a. Objectives
- b. Scenario
- c. Venue
- d. Documentation
- e. Exercise Participants
- f. Support and Logistics

### V. Propose Exercise Timeline

- a. Future Planning Conference Dates
- b. Exercise Date

### VI. Action Items

## CONCEPT AND OBJECTIVES (C&O) MEETING SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

## INITIAL PLANNING CONFERENCE (IPC) MINUTES

[Meeting Date]

**Date and Location.** The [Exercise Name] Initial Planning Conference (IPC) was held on [Date], at [Location] in [City, Town, County], [State]. Attendees included representatives from the following jurisdictions:

- [List Participating Agencies]

**Purpose.** The purpose of the IPC was to introduce the exercise concept, including local design objectives, scenario elements, participants, and exercise methodology, and to discuss exercise support requirements. These minutes provide an overview of the conference including agreements made between local, State, and Federal exercise planners.

### Overview of Activities

**General.** The Exercise Planning Team provided a brief overview of the Homeland Security Exercise and Evaluation Program (HSEEP) as well as a more in-depth review of the exercise program as it specifically relates to a [exercise type]. This included a discussion of the overarching and exercise-specific objectives, as well as a discussion of scenario elements, and selection of potential venues. This IPC was designed to provide the opportunity for exercise planners to address the following:

- Familiarization with HSEEP and design of [exercise type]
- Formulation of exercise objectives
- Discussion and selection of scenario variables and venue
- Selection of dates for the Final Planning Conference (FPC) and exercise
- Selection of exercise participants and exercise evaluators

**Exercise Overview.** [Exercise Name] will be a [Exercise Duration]-hour event. Evaluators will be required to attend an evaluator orientation the day before the exercise and an evaluator debriefing the day after the exercise.

**Exercise Scenario.** [Scenario Description]

### Exercise Design

Subsequent discussion of the design objectives, scenario elements, exercise participants, and exercise dates resulted in the following decisions.

**Purpose.** The purpose of the exercise will be to assess [Jurisdiction] agencies' [mission type] to a [scenario type] incident.

**Objectives.** The Exercise Planning Team identified the following draft objectives:

1. [Objective 1]
2. [Objective 2]

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

## Initial Planning Conference (IPC) Minutes

[Exercise Name Continued]

**Logistics.** The exercise location has yet to be determined; however, [Venue] has been identified as a tentative site. Tentative date for [Exercise Name] is [Start Date]. Each workgroup will be facilitated by an Exercise Planning Team member. Workgroups will be divided into four tables based on responding agency:

- [Location] Operations
- Public Safety
- Emergency Management
- Public Information

**Scheduling.** The following dates were tentatively scheduled:

- **FPC:** [Date], [Time], [Venue]
- **Exercise Conduct:** [Date], [Time], [Venue]

## Outstanding Action Items

The following actions remain open:

[Agency] Action Items	Due
Provide relevant jurisdictional plans and policies to Exercise Planning Team	
Review Situation Manual (SitMan) and provide comments to Exercise Planning Team	
Confirm exercise location	
Confirm exercise objectives	
Identify local evaluators	
Confirm participant list	
Determine logistical requirements for exercise	
Exercise Planning Team Action Items	Due
Develop IPC minutes for [Agency/Jurisdiction] review	
Develop draft SitMan for [Agency/Jurisdiction] review	
Develop Exercise Evaluation Guides (EEGs)	
Design badges, signs, and table tents	

## Points of Contact (POCs)

### Exercise Manager:

[Contact Information]

### Lead Exercise Planner:

[Contact Information]

Homeland Security Exercise and Evaluation Program (HSEEP)

Initial Planning Conference (IPC) Minutes

**Attendee List**

Name	Organization	Phone Number	E-Mail



## CONCEPT AND OBJECTIVES (C&O) MEETING MINUTES

[Meeting Date]

**Date and Location.** [Agency/Jurisdiction] hosted a Concept and Objectives (C&O) Meeting on [Date], in preparation for the upcoming [Full Exercise Name].

**Participants.** C&O Meeting attendees included:

- [List Participating Agencies]

**Purpose.** The purpose of the C&O Meeting was to review the proposed exercise concept; confirm future planning conferences; and begin discussion of design objectives, scenario, participants, exercise methodology, and logistical requirements. Discussion and agreements made between planning team members during the meeting are provided below.

### Overview of Activities

**Exercise Overview.** The exercise is a [Exercise Type] exercise. Other exercise activities, such as initial briefing of key players and a Hot Wash at the conclusion of the exercise to elicit initial feedback on lessons learned, are not included in the [Exercise Duration]-hour period. Other participants from adjoining jurisdictions and Federal agencies will be invited to participate at the community's discretion. Each task performed will have associated standards/performance measures based on community standard operating procedures (SOPs).

**Exercise Design.** An overview of the exercise process and general parameters was provided. The planning conference provided an opportunity for planning team members to discuss requirements for planning and conduct of the exercise. The following exercise concept and associated tasks were discussed:

- The conference identified several design objectives for the exercise. The community would like to focus on the following issues:
  - [Insert Objectives Here]
- The exercise will be held at [Venue].
- The scenario will be based on:
  - [Overview]

**Planning Conferences.** Additional planning conferences have been scheduled. The dates and focus of the conferences will be as follows:

- **Initial Planning Conference (IPC).** The IPC, to be held on [Date] at [Location], will be conducted to review the proposed exercise concept; confirm future planning conferences; and begin discussion of design objectives, scenario, participants, exercise methodology, and logistical requirements.
- **Final Planning Conference (FPC).** The FPC, to be held on [Date] at [Location], will be conducted to review drafts of exercise materials (e.g., Situation Manual, Exercise Evaluation Guides) covering the scenario, all background materials, design objectives, scope of play, support requirements, evaluation materials, etc.

Homeland Security Exercise and Evaluation Program (HSEEP)  
**Concept and Objective (C&O) Meeting Minutes** **[Full Exercise Name]**  
**(Discussion-Based Exercise)** **[Exercise Name Continued]**

**Exercise Conduct.** The exercise will be held on [Start Date], at [Venue].

- Additional training of [facilitators/controllers] and evaluators will occur on [Date], to prepare them for their roles during the exercise.
- A debriefing for [facilitators/controllers] and evaluators will be held soon after the exercise's conclusion. A Hot Wash for players will occur immediately after the exercise.

## Outstanding Actions

The following actions remain and will be finalized at the IPC:

- Coordinate participation by agencies, and provide invitations.
- Finalize the design objectives for the exercise.
- Compile a list of participating agencies and their planning representatives/contact numbers.
- Select exercise controllers and evaluators.
- Gather relevant emergency operations plans (EOPs) and SOPs for participating agencies.
- Provide maps of the exercise site.

## Exercise Planning Team Points of Contact (POCs)

**Exercise POC:**

[Contact Information]

**Lead Exercise Planner:**

[Contact Information]

## Attendee List

The following individuals attended the C&O Meeting.

Name	Organization	Phone Number	E-Mail

# Initial Planning Conference (IPC)

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Welcome and Introductions

---



Insert your  
Organization's  
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# Meeting Agenda

---

- Review proposed scope, purpose, and objectives
- Review proposed exercise scenario
- Review proposed participating agencies
- Exercise facilitation
- Exercise evaluation
- Exercise documents
- Exercise logistics
- Meeting dates
- Closing



Insert your  
Organization's  
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# Operational Security

---

- This briefing contains exercise and operational material that must be safeguarded.
- The materials in this briefing are categorized as [protective marking].



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Organization's  
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# Exercise Scope

---

- [Insert scope statement.]



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Organization's  
Logo Here

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# Exercise Purpose

---

- [Insert purpose statement.]



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Organization's  
Logo Here

<Protective Marking>



# Target Capabilities

---

- [Insert the exercise's target capabilities.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Objectives

---

- [Insert objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Scenario

---

- [Insert brief description/characteristics of the scenario.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Participating Agencies

---

- [List participating agencies.]



Insert your  
Organization's  
Logo Here

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# Exercise Facilitation

---

- Lead facilitator
- Functional area facilitators
- Facilitator training requirements
- Facilitation vs. evaluation



Insert your  
Organization's  
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# Exercise Evaluation

---

- Evaluators
- Evaluator training requirements
- Scribes
- Results in After Action Report (AAR)/  
Improvement Plan (IP)



Insert your  
Organization's  
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# Evaluation Components

---

- Objectives
- Evaluation criteria
- Participant Feedback Form
- Player Hot Wash
- Scribe notes
- Evaluator notes



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Organization's  
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# Exercise Documents

---

- Situation Manual (SitMan)
- Evaluation Plan
- Facilitator Handbook
- AAR/IP



Insert your  
Organization's  
Logo Here

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# Exercise Staffing

---

- Select facilitators
- Select evaluators
- Select scribes
- Select support staff
  - Security
  - Registration support



Insert your  
Organization's  
Logo Here

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# Exercise Logistics

---

- Provide food and water
- Provide restrooms
- Fund exercise



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Location Logistics

---

- Identify and coordinate an exercise location
- Location requirements
  - Secure
  - Audiovisual capable
  - Tables and chairs
  - Adequate size
  - Parking



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Organization's  
Logo Here

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# Meeting Dates

---

- Midterm Planning Conference (MPC): [Date]
- Final Planning Conference (FPC): [Date]
- Exercise Conduct: [Date]
- After Action Conference: [Date]



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Organization's  
Logo Here

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# Action Items

---

- Review SitMan, and provide comments to Exercise Planning Team.
- Confirm exercise location.
- Confirm exercise objectives.
- Identify local evaluators.
- Confirm participant list.
- Determine logistical requirements for exercise.
- Develop IPC minutes for review.
- Develop draft SitMan for review.
- Develop Exercise Evaluation Guides (EEGs).
- Design badges, signs, and table tents.



Insert your  
Organization's  
Logo Here

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# Questions

---



Insert your  
Organization's  
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# Closing

---



Insert your  
Organization's  
Logo Here

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The participants selected to attend the exercise should be based on the scope and type (e.g., seminar, workshop, tabletop) of exercise as well as the scenario and/or subject. For example, a tabletop exercise (TTX) with a scenario involving a biological agent should include participants from the medical and public health communities. An exercise involving an agricultural terrorism scenario should involve participants from the agricultural and veterinary fields. This list is not all-inclusive.

### **Local**

---

#### *Law Enforcement*

- Bomb squad/special operations
- Federal Bureau of Investigation (FBI) field office
- Mutual aid
- Police department (e.g., patrol, investigations, evidence team)
- Sheriff's office

#### *Fire/Hazardous Materials (HazMat)*

- Command and line staff
- Fire department
- HazMat team
- Mutual aid

#### *Emergency Medical Services (EMS)*

- Private
- Public

#### *Medical*

- Coroner or medical examiner
- Hospital administrators
- Hospital emergency department staff

#### *Communications/Dispatch*

- 9-1-1
- Dispatch

#### *Emergency Management*

- Emergency manager
- Emergency Operations Center (EOC) staff
- Environmental quality/control
- Mayor's office
- Private sector
- Public affairs (e.g., public information officer [PIO])





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## HSEEP Exercise Guidance Recommended Participants for Discussion-Based Exercises

---

- Public works
- Volunteer organizations (e.g., American Red Cross, The Salvation Army)

### *Public Health*

- Administrator/manager for epidemiological laboratories (private)
- Administrator/manager for epidemiology
- Communicable diseases—epidemiologists/physicians
- Director of public health
- Health and human services (commissioned and noncommissioned)
- Hospital administration and emergency departments
- Infectious disease/pathology section representative
- Laboratory managers
- Medical examiner or coroner
- Poison control and toxicology
- Public health service

### *Policy and Government*

- Elected/appointed officials and delegates

### *Agricultural Response*

- Animal and Plant Health Inspection Service (APHIS)
- Area veterinarian in charge (AVIC)
- Board of animal health representative
- Foreign animal disease diagnostician (FADD)
- Veterinary reserve corps
- Veterinary diagnostic laboratory
- Veterinary services laboratory
- Veterinary Medical Assistance Team (VMAT)

### **State**

---

- Agricultural/veterinary
- Emergency management
- Environmental quality/protection
- Law enforcement
- National Guard
- Port authority
- Public health department
- Public utilities and engineering
- State veterinarian
- Transportation



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## **HSEEP Exercise Guidance Recommended Participants for Discussion-Based Exercises**

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### **Federal**

---

- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Federal Bureau of Investigation (FBI)
- Federal Emergency Management Agency (FEMA)
- Military
- U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID)
- U.S. Coast Guard (USCG)
- U.S. Department of Agriculture (USDA)
- U.S. Department of Health and Human Services (HHS)
- U.S. Environmental Protection Agency (EPA)



Sample objectives for a discussion-based exercise are listed below. Planning team members should limit the number of objectives to four or five. These samples may be combined or modified; this is not an all-inclusive list. The selected objectives should be based on the scope, type (e.g., seminar, workshop, tabletop exercise [TTX]), and scenario and/or subject of the exercise. For example, a TTX with a terrorism scenario involving a biological agent should include objectives that are focused on medical and public health issues.

### **Interagency Planning and Coordination Objectives**

---

1. **Community Response Plans.** Assess the adequacy of local, community, and agency-specific plans to respond to a terrorist incident. Identify shortfalls in resources, limits in capabilities, and conflicts in planning.
2. **Local Decisionmaking Process.** Exercise the local decisionmaking process, and identify areas that need refinements. Identify key actions to be taken and by whom.
3. **Private- and Public-Sector Interface.** Examine interactions between public and private sectors during the threat or occurrence of a terrorist event.
4. **Interfacing with Local, State, and Federal Agencies.** Examine the interface and understanding among local, State, and Federal agencies in the conduct of incident management activities.
5. **Awareness of Federal Plans.** Expand the local response community's understanding of Federal directives and plans (e.g., National Incident Management System [NIMS], National Response Framework [NRF]) and Federal agencies' roles in responding to a terrorist threat.

### **Resource Coordination Objectives**

---

1. **Awareness of Federal and State Capabilities.** Broaden the understanding of local authorities and responders of the capabilities available from State and Federal agencies in responding to a terrorist event.
2. **Local Resource Coordination.** Determine strengths and weaknesses in the local coordination and integration of response resources. Identify critical issues and potential solutions.
3. **Mutual Aid Agreements.** Review interjurisdictional mutual support compacts or agreements between adjacent communities, between States, and across the Nation.
4. **Implementation of External Assets.** Examine factors involved in the request, receipt, employment, and integration of external response assets by local Incident Command System (ICS) protocols. Identify interoperability shortcomings—including potential delays—that will impede the rapid assimilation of external resources. Propose long-term solutions and short-term workarounds.
5. **Deployment of External Resources.** Develop an understanding of deployment considerations for external resources, potential delays in receipt of external support, and the



inherent effects at the local level. Assess the local capability to distribute and administer medicines and other treatment to victims.

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### Threat and Hazard-Related Issues

1. **Threat Preparation.** Examine various threats posed by a terrorist incident and the implications for the local medical and response communities (e.g., attack detection, mass casualties, points of distribution, patient tracking).
2. **Criminal Investigations.** Discuss ways to integrate response efforts with the need to investigate the nature and cause of a terrorist-initiated incident, including security, evidence collection, and interview procedures and protocols. Examine requirements for protection of a crime scene and evidence collection in a contaminated environment.
3. **Detection.** Assess the capability of local response personnel to detect, identify, monitor, and respond to the effects of a chemical, biological, radiological, nuclear, or high-yield explosives (CBRNE) agent.

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### Medical and Public Health

1. **Medical Capabilities.** Determine major shortcomings in local medical capabilities to identify and treat casualties resulting from a terrorist event. Identify the means to obtain resources and assess the impact of delays in receipt.
2. **Disposition of Remains.** Discuss factors that would affect the handling of substantial numbers of contaminated remains.
3. **Remediation and Reconstitution.** Assess the local response community's ability to contain agent contamination, including decontamination and use of personal protective equipment (PPE). Identify available methods of decontamination for structures, response equipment, healthcare facilities, and personnel, as well as reconstitution of equipment and supplies.
4. **Affected Area Access and Quarantine.** Review plans for area access control and quarantine issues.
5. **Medical Monitoring and Surveillance.** Review the local medical, emergency medical transport, and public health department capabilities to recognize, identify, monitor, and respond to a terrorist incident.

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### Public Information and Media

1. **Public Information.** Discuss options to provide timely information to the population and assist in minimizing chaos. Review plans to preclude dissemination of conflicting data.
2. **Media Control.** Assess the adequacy of local plans for interface with and use of media resources. Discuss how media will be coordinated when State and Federal agencies are involved.

## **FINAL PLANNING CONFERENCE (FPC) AGENDA**

[Date]

- I. Welcome and Introductions**
- II. Review of Midterm Planning Conference (MPC) Minutes**
- III. Objectives Review**
- IV. Exercise Document Review**
- V. Exercise Logistics**
- VI. Exercise Evaluation**
- VII. Exercise Participants**
- VIII. Review and Action Items**
- IX. Questions**

## FINAL PLANNING CONFERENCE (FPC) SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

## FINAL PLANNING CONFERENCE (FPC) MINUTES

[Meeting Date]

**Date and Location.** [Exercise Name] Final Planning Conference (FPC) was held on [Date], in [City, Town, County], [State]. The meeting was conducted at [Location]. Attendees included representatives from:

- [List Agencies and Organizations]

**Purpose.** The FPC was conducted to review the Situation Manual (SitMan) for the exercise in order to confirm the content and underlying procedures discussed in the document. The review of the SitMan was also intended to clarify and gather any questionable or missing information. The FPC also informed the participants about the postexercise activities and their value as well as providing a brief demonstration of the multimedia presentation.

These minutes provide an overview of the conference, including agreements made among exercise planners.

### Overview of Activities

**General.** The Exercise Planning Team provided a brief introduction of the meeting participants, followed by an in-depth review of the SitMan. The scope of the exercise After Action Report (AAR) and a sample of the envisioned multimedia presentation were discussed with [Agency]. This FPC was designed to provide the opportunity for planners to address the following:

- Review of SitMan
- Discussion of postexercise activities
- Sample multimedia presentation

**Exercise Overview.** [Exercise Name] will be a 1- day event running approximately [Length of Play]. [Exercise Name] will take place on [Date] located at the [Location] in [City, Town, County]. It is designed for [Agency] employees and managers responsible for emergency response operations and strategic continuity of government procedures.

The exercise will begin with a welcome and introduction by [Name], followed by a keynote speaker, [Name]. Following the morning presentations, divisional workgroups will meet to discuss specific issues related to a local [scenario] response. Each workgroup will be facilitated by a member of the exercise support staff. Workgroups will be divided into [#] tables based on [Agency] divisions:

- [List workgroups]

**Exercise Design.** Subsequent discussion of the exercise goals, objectives, scenario elements, logistics, and dates resulted in the following:

## Homeland Security Exercise and Evaluation Program (HSEEP)

## Final Planning Conference (FPC) Minutes

[Full Exercise Name]

[Exercise Name Continued]

The overall goal of the exercise is:

- [List Goal]

The planning team identified the following draft objectives for [Exercise Name]:

1. [Objective 1 Description]
2. [Objective 2 Description]
3. [Objective 3 Description]

The exercise scenario will include [Scenario] at [Location] located at [Address]. The exercise scenario will be divided into [#] modules with breakout discussions for each module.

- Module 1: [Module Name]
- Module 2: [Module Name]

**FPC Notes:**

- [Insert notes and/or action items]

**Dates:**

- [Exercise Name]: [Date], [Location], [City, Town, County], [Time]

**Outstanding Actions**

The following actions remain:

[Agency] Action Items	Due
Provide emergency operations/business continuity plans to Exercise Planning Team	
Identify local workgroup facilitators	
Confirm logistical requirements (e.g., food) for exercise	
Exercise Planning Team Action Items	Due
Revise and finalize SitMan	
Identify subject matter expert facilitators	
Develop Exercise Evaluation Guides (EEGs)	
Finalize multimedia presentation	

**Points of Contact (POCs)****[Agency] POC**

[Contact Information]

**Lead Exercise Planner**

[Contact Information]

**[Jurisdiction] POC**

[Contact Information]



Homeland Security Exercise and Evaluation Program (HSEEP)

**Attendee List**

Name	Organization	Phone Number	E-Mail

# Final Planning Conference (FPC)

[Exercise Name]

[Date]



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# Welcome and Introductions

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# Meeting Agenda

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- Review Exercise Scope, Purpose, and Objectives
- Review Scenario [and Master Scenario Events List (MSEL) timeline, if used]
- Review Participating Agencies
- Exercise Facilitation
- Exercise Evaluation
- Exercise Documents
- Exercise Logistics
- Meeting Dates
- Closing



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# Operational Security

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- This briefing contains exercise and operational material that must be safeguarded.
- The materials in this briefing are categorized as [protective marking].



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# Exercise Scope

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- [Insert exercise scope description.]



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# Exercise Purpose

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- [Insert exercise purpose statement.]



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# Target Capabilities

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- [List target capabilities to be exercised.]



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# Exercise Objectives

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- [List objectives.]



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# Exercise Scenario

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- [Describe exercise scenario or list characteristics.]



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# Participating Agencies

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- [List participating agencies.]



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# Exercise Facilitation

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- Lead Facilitator: [Name]
- Facilitators:
  - [List functional areas, if used (e.g., law enforcement, fire, search and rescue, emergency management, public information).]
  - [List jurisdictions or tasks if facilitation is based on jurisdiction.]



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# Exercise Evaluation

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- Evaluators
- Scribes
- Evaluation components
  - Objectives
  - Exercise Evaluation Guides (EEGs)/evaluation criteria
  - Participant Feedback Form
  - Player Hot Wash
  - Facilitator and Evaluator Debriefing
  - Evaluator reports



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# Exercise Documents

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- Situation Manual (SitMan)
- Evaluation Plan Facilitator Handbook
- After Action Report (AAR)/Improvement Plan (IP)



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# Exercise Staffing

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- Select facilitators
- Select evaluators
- Select scribes
- Select support staff
  - Security
  - Registration support



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# Exercise Logistics

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- Provide food and water
- Provide restrooms
- Determine funding



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# Exercise Logistics (cont'd)

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- Identify and coordinate an exercise location
- Location requirements
  - Secure
  - Audiovisual capable
  - Tables and chairs
  - Adequate size
  - Parking



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# Meeting Dates

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- Exercise Conduct: [Date]
- Controller and Evaluator Briefing: [Date]
- After Action Conference: [Date]



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# Remaining Tasks

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- Jurisdiction to provide emergency operations/business continuity plans to Exercise Planning Team
- Identify local workgroup facilitators
- Confirm logistical requirements (e.g., food) for exercise
- Revise and finalize SitMan
- Identify subject matter expert facilitators
- Develop EEGs
- Finalize multimedia presentation



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# Questions

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# Closing

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## HSEEP Exercise Design Guidance Biological Scenario Factors: Operations-Based Exercises

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These variables will assist the planning team in building an exercise scenario involving a biological agent. The following factors should be determined in sequential order when developing the scenario:

1. **Transmissibility.** Planning team members should determine if the agent will be contagious (e.g., smallpox) or noncontagious (e.g., anthrax).
2. **Lethality.** The lethality of the agent will help determine the number of casualties in the scenario. This determination should be based on the jurisdiction's capabilities to respond to a mass casualty situation. Planners should be careful not to overwhelm participants during the exercise.
3. **Effects.** The selection of the agent should also be based on its effects or symptomology.
4. **Venue.** The selection of the venue should depend on the agent identified. The extent of the scenario will be affected by the type of venue and its location. To ensure that participants are not overwhelmed, if a contagious agent is selected, consider placing the source of contamination in an area that does not attract a lot of people.



## HSEEP Exercise Design Guidance Chemical Scenario Factors: Operations-Based Exercises

These variables will assist the planning team in building an exercise scenario that involves a chemical agent. The following factors should be determined in sequential order when developing the scenario:

- 1. Persistent or Nonpersistent Agent.** Persistent agents tend to remain in the environment where they were released for an extended period of time. Agents classified as nonpersistent lose effectiveness after only a few minutes or hours (depending on subsequently listed factors). An example of a persistent agent is lewisite; an example of a nonpersistent agent is sarin. The agent selected for an exercise may be based on the venue identified and the capabilities of the jurisdiction to respond to the agent's characteristics (e.g., lethality, symptomology).
- 2. Open Air or Enclosed Venue.** An open-air venue is outside (e.g., a stadium or park). An enclosed venue has limited space (e.g., an arena or exhibit hall). When selecting the agent involved in the exercise scenario, the type of venue should be considered. For example, if the agent selected is nonpersistent, the venue should not be open air due to the agent's dissipating characteristics.
- 3. Single or Multiple and/or Secondary Device(s).** This is the number of devices involved in the scenario. The planning team will need to determine the method of dissemination for the agent, type of devices (explosive or nonexplosive), and number of devices that will initiate the event. Consideration should also be given to including a secondary device that would target first responders in the scenario.
- 4. No Notice or Credible Threat Warning.** The planning team should determine if there will be a warning phase during the exercise that presents participants with credible threat information that the potential for an attack is heightened (e.g., homeland security advisory system, intelligence gathering) or if the attack occurs without any such warning.
- 5. Casualties.** Based on the lethality of the agent, the type of venue (or simulated location), and the number of devices, the planning team should determine approximately how many casualties should be affected in the exercise scenario. This number should also be based on the jurisdiction's capabilities to respond to a mass casualty situation. Planners should be careful not to overwhelm participants during the exercise.

Agent	Venue	Devices	Warning	Casualties
Nonpersistent	Open air	Single	No notice	+500
		Multiple	Credible threat	<1,000
Persistent	Enclosed	Secondary		<5,000
				>5,000

## APPENDIX [X]: AGENT/HAZARD SUMMARY

This document is a template format for an agent or hazard summary appendix. Specific information and summaries for numerous agents and hazards can be found in the Reference section of HSEEP Volume IV: Sample Exercise Documents and Formats and can be inserted into this document format.

[Insert Agent/Hazard Information]



## APPENDIX [X]: JURISDICTION FACTSHEET

**Note:** This document is a template format for a factsheet for the exercising jurisdiction. Specific information regarding the jurisdiction should be input into this format and attached as an appendix to the appropriate exercise documents if the exercise planners determine this information to be pertinent to the conduct of the exercise.

### [City, Town, County], [State]

[Insert pertinent general information of the area/location]

### Population

[Insert population information/statistics]

### Climate Averages

[Insert area weather/climate information]

### Government

[Insert area government information]

### Contact Information

[Insert contact information for the jurisdiction]

## APPENDIX [X]: AREA MAPS

**Figure A.1** [Map Title]

[Insert map]

**Figure A.2** [Map Title]

[Insert map]



This document provides descriptions for many of the commonly-used terms of the Homeland Security Exercise Evaluation Program (HSEEP).

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A	
Term	Description
<b>Actionable-cause analysis</b>	Actionable-cause analysis occurs during the exercise data analysis stage. It is the source for an identified issue and action toward which an improvement is directed.
<b>actor</b>	An actor is a person who portrays victims in an exercise and is usually moulaged and given a symptomatology card to create realistic conditions for players. Actors are typically volunteer personnel and are used to simulate a specific role in an exercise. Actors are vital to the creation of a realistic scenario and can play a variety of roles. For example, actors can simulate victims of a disaster, civilians receiving prophylaxis, or friends and family of victims.
<b>actor briefing</b>	An actor briefing is generally conducted the morning of the exercise and provides actors with an overview of the exercise (e.g., schedule, safety information, actual emergency instructions, roles and responsibilities, acting instructions). Identification badges and/or symptomatology cards should be distributed before or during this briefing. If moulage is to be applied to actors, it should be completed before the briefing. Actor instructions or identification tags tell volunteers about any special considerations for the exercise.
<b>Administration/ Finance Section</b>	The Administration/Finance Section of the Exercise Planning Team provides grant management and administrative support throughout exercise development. This group is also responsible for the registration process and coordinates schedules for the Exercise Planning Team, the lead exercise planner, participating agencies, and the host community or communities.
<b>After Action Conference (AAC)</b>	The AAC is a meeting held between the lead evaluator, members of the evaluation team, and senior officials from the participating agencies and jurisdictions to debrief the exercise. The AAC provides a forum for jurisdiction officials to hear the results of the analysis and validate the findings and recommendations presented in the draft After Action Report (AAR). The initial Improvement Plan (IP) should also be developed at the AAC.
<b>After Action Report (AAR)</b>	The AAR presents observations and recommendations based on the data collection and analysis completed by the evaluation team. The lead evaluator and Exercise Planning Team draft the AAR and submit it to conference participants before the After Action Conference (AAC). The draft AAR is completed and distributed to conference participants for review no more than 30 days after exercise conduct.



A	
Term	Description
<b>After Action Report (AAR)/Improvement Plan (IP)</b>	The main product of the Evaluation and Improvement Planning process is the AAR/IP. The final AAR/IP is an outcome of the After Action Conference (AAC) and should be disseminated to participants no more than 60 days after exercise conduct. A list of corrective actions should be generated identifying what will be done to address the recommendations, the responsible agency or person, and the timeframe for implementation. Even though the AAR and IP are developed through different processes and perform distinct functions, the final AAR and IP should always be printed and distributed jointly as a single AAR/IP following an exercise.
<b>agent factsheet</b>	The agent factsheet contains specific information regarding the scenario agent or radiological source used in an exercise (e.g., anthrax, smallpox, cesium). Factsheets might include properties, symptoms, effects, lethality, transmissibility, decontamination, or prophylaxis methods. (Note: In a radiological scenario, an agent is called a “source.”)
<b>analysis</b>	<p>Levels of analysis regarding exercises include:</p> <ul style="list-style-type: none"><li>• Integrated timeline analysis</li><li>• Capability-level analysis</li><li>• Exercise data analysis</li><li>• Root-cause analysis</li><li>• Task-level analysis</li><li>• Task-level performance analysis</li><li>• Mission-level performance analysis</li></ul> <p>Descriptions of the types of analysis can be found in the glossary under the appropriate first letter.</p>
<b>analytical red teaming</b>	In prevention exercises, analytical red teaming is a discussion-based technique used to employ an adversary's perspective to advance security by providing an alternative view of threats, vulnerabilities, and countermeasures.
<b>assembly area</b>	The assembly area is the gathering place for deployable resources (e.g., fire engines and police vehicles) before the start of an operations-based exercise. The assembly area simulates each department or agency's home station or office. The assembly area provides a safer and more controlled environment than deploying apparatus from each agency's home station. To realistically simulate the response from the agency's home station or office, response times should be collected for each unit so that they can be appropriately released from the assembly area after they have been dispatched. The assembly area should not be confused with the staging area established by Incident Command during exercise play.
<b>assembly area controller</b>	The assembly area controller is responsible for the logistical organization of the assembly area, including placement locations for units and coordination of exit patterns for dispatched units.
<b>attack tree</b>	The attack tree is a tool used during prevention exercises that provides the Exercise Planning Team with a visual representation of the anticipated and potential paths an adversary can take to execute an attack. It is useful for both planning and evaluating exercises.



B	
Term	Description
<b>base of support</b>	Base of support is a concept of support or approval from the appropriate senior officials and/or private-sector executive level for the conduct of an exercise or execution of an exercise program. Establishing this base of support indicates that an exercise's purpose and objectives are concurrent with strategic and organizational goals and objectives.
<b>best practices</b>	Best practices are peer-validated techniques, procedures, and solutions that prove successful and are solidly grounded in actual experience in operations, training, and exercises. After Action Report (AAR)/Improvement Plans (IPs) should identify lessons learned and highlight best practices. Many of these can be found on <a href="http://www.llis.gov">www.llis.gov</a> , the U.S. Department of Homeland Security (DHS) portal for lessons learned and best practices.
<b>Blue Team</b>	In prevention exercises, the Blue Team consists of briefed players and other organizations and agencies participating in a prevention-focused exercise that are not part of the Red Team. (See also: friendly force.)
<b>building-block approach</b>	The building-block approach focuses on exposing participants to a cycle of training and exercises that escalates in complexity, with each exercise designed to build on the last in terms of scale and subject matter. For example, a building-block series of exercises may include a seminar, which leads to a tabletop exercise (TTX), which leads to a full-scale exercise (FSE).



C	
Term	Description
<b>capabilities-based planning</b>	Capabilities-based planning is defined as planning, under uncertainty, to build capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice. It addresses uncertainty by analyzing a wide range of realistic scenarios to identify required capabilities, and it is the basis for guidance such as the National Preparedness Guidelines, Target Capabilities List (TCL), and Universal Task List (UTL).
<b>capability</b>	A capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel who achieve the intended outcome. Descriptions of these combinations can be found in the Target Capabilities List (TCL) for each capability. This combination of resources provides the means to accomplish one or more tasks under specific conditions and meet specific performance standards.
<b>capability-level analysis</b>	Capability-level analysis assesses whether the participants, as a whole, achieved the expected capability outcomes.
<b>Chemical Stockpile Emergency Preparedness Program (CSEPP)</b>	The CSEPP was developed to safeguard against increased hazards associated with critical infrastructure and hazardous materials. It contributed to the development of the HSEEP evaluation methodology.
<b>Command Staff</b>	The Command Staff section of the Exercise Planning Team is responsible for coordinating all exercise planning activities. Within this group is the lead exercise planner, who assigns exercise activities and responsibilities, provides guidance, establishes timelines, and monitors the development process. The safety controller and liaison coordinator report directly to the lead exercise planner.
<b>Concept and Objectives (C&amp;O) Meeting</b>	The C&O Meeting is the formal beginning of the exercise planning process. It is held to obtain consensus on the already-identified type, scope, capabilities, objectives, and purpose of the exercise. For less complex exercises and for jurisdictions or organizations with limited resources, the C&O Meeting can be conducted in conjunction with the Initial Planning Conference (IPC). However, when exercise scope dictates, the C&O Meeting is held first. Representatives from the sponsoring agency or organization, the lead exercise planner, and senior officials typically attend the C&O Meeting to identify an overall exercise goal, develop rough drafts of exercise capabilities and objectives, and identify Exercise Planning Team members.
<b>contextual inject</b>	A controller introduces a contextual inject to a player to help build the exercise operating environment. For example, if the exercise is designed to test information-sharing capabilities, a Master Scenario Events List (MSEL) inject can be developed to direct a controller to select an actor to portray a suspect. The inject could then instruct the controller to prompt another actor to approach a law enforcement officer and inform him or her that this person was behaving suspiciously.



C	
Term	Description
<b>contingency inject</b>	A controller verbally introduces a contingency inject to a player if players are not performing the actions needed to sustain exercise play. This ensures that play moves forward as needed to adequately test performance of activities. For example, if a simulated secondary device is placed at an incident scene during a terrorism response exercise, but is not discovered, a controller may want to prompt an actor to approach a player to say that he or she witnessed suspicious activity close to the device's location. This should prompt the discovery of the device by the responder and result in subsequent execution of the desired notification procedures.
<b>Control Staff Instructions (COSIN)</b>	The COSIN, typically only used in larger, more complex exercises (e.g., national level exercises [NLEs]), contain guidance that controllers may need concerning procedures and responsibilities for exercise control, simulation, and support. The COSIN are designed to help exercise controllers understand their roles and responsibilities in exercise execution to conduct an effective exercise. For most exercises, however, the COSIN can be combined with an Evaluation Plan (EvalPlan) to produce a Controller and Evaluator (C/E) Handbook.
<b>Controller and Evaluator (C/E) Briefing</b>	The C/E Briefing is a preexercise overview for controllers, evaluators, and the exercise administrative staff. The briefing summarizes the C/E Handbook (or the Control Staff Instructions [COSIN] and Evaluation Plan [EvalPlan]) and focuses on explaining the roles and responsibilities of controllers and evaluators. This is the time where any changes in the exercise are addressed and final questions are answered. It is generally 1 to 2 hours in length and is conducted the day before an operations-based exercise.
<b>Controller and Evaluator (C/E) Debriefing</b>	The C/E Debriefing provides each controller and evaluator with an opportunity to provide an overview of the functional area they observed and to discuss both strengths and areas for improvement. The lead evaluator should assign one or more members of the evaluation team to take detailed notes of the C/E Debriefing discussion.
<b>Controller and Evaluator (C/E) Handbook</b>	The C/E Handbook is an exercise overview and instructional manual for controllers and evaluators. A supplement to the Exercise Plan (ExPlan), it contains more detailed information about the scenario and describes controller and evaluator roles and responsibilities. Because the C/E Handbook contains information on the scenario and exercise administration, it should be distributed only to individuals specifically designated as controllers or evaluators. Larger, more complex exercises may use a separate Evaluation Plan (EvalPlan) and Control Staff Instructions (COSIN) in place of the C/E Handbook.



C	
Term	Description
<b>controllers</b>	<p>In an operations-based exercise, controllers plan and manage exercise play, set up and operate the exercise incident site, and may take the roles of individuals and agencies not actually participating in the exercise (i.e., in the Simulation Cell [SimCell]). Controllers direct the pace of exercise play and routinely include members from the Exercise Planning Team, provide key data to players, and may prompt or initiate certain player actions and injects to the players as described in the Master Scenario Events List (MSEL) to ensure exercise continuity.</p> <p>Individual controllers issue exercise materials to players as required, monitor the exercise timeline, and monitor the safety of all exercise participants. Controllers are the only participants who should provide information or direction to players. The control team may include subject matter experts. All controllers should be accountable to one senior controller. If conducting an exercise requires more controllers or evaluators than are available, a controller may serve as an evaluator; however, this is typically discouraged.</p>
<b>corrective action</b>	<p>Corrective actions are the concrete, actionable steps outlined in an Improvement Plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.</p>
<b>Corrective Action Program (CAP)</b>	<p>Under HSEEP, each department and agency must maintain a system for identifying issues to be remedied, make assignments to resolve the issues, and track progress on issue resolution. A CAP continuously prioritizes, tracks, and analyzes observations and recommendations recorded in the After Action Report (AAR)/Improvement Plan (IP) as a result of exercises and real-world events and develops and resolves resulting corrective actions. A CAP ensures that IPs are living documents, continually monitored and implemented, and part of the larger cycle of improving preparedness.</p>
<b>Corrective Action Program (CAP) System</b>	<p>The CAP System is part of the HSEEP Toolkit. It is a Web-based application that enables Federal, State, and local officials to identify, prioritize, track, and analyze the recommendations and Improvement Plans (IPs) developed from exercises and real-world events. Features of the CAP System include IP creation and maintenance, corrective action assignment and tracking, and reporting and analysis. The CAP System is the technological backbone for the improvement planning process described in HSEEP Volume III: Exercise Evaluation and Improvement Planning.</p>
<b>critical path</b>	<p>This exercise planning and evaluation tool is the map of both the expected and actual Blue Team and Red Team moves and countermoves throughout the course of a prevention exercise.</p>
<b>critical task</b>	<p>Critical tasks are defined as those prevention, protection, response, and recovery tasks that require coordination among an appropriate combination of Federal, State, tribal, local, private-sector, and nongovernmental entities during a major incident to minimize the impact on lives, property, and the economy. Participants must perform critical tasks to prevent occurrence of a major incident, respond and reduce loss of life or serious injuries, or mitigate significant property damage, all of which are essential to the success of a homeland security mission.</p>
<b>cross-functional analysis</b>	<p>This type of analysis identifies areas for improvement by comparing the observations from different locations and functions.</p>





C	
Term	Description
<b>cycle, mix, and range of exercises</b>	This cycle of exercise activity uses increasing degrees of complexity. (See “building-block approach” for more information.)



D	
Term	Description
<b>debrief</b>	A debrief is a forum for planners, facilitators, controllers, and evaluators to review and provide feedback after the exercise is held. It should be a facilitated discussion that allows each person an opportunity to provide an overview of the functional area they observed and document both strengths and areas for improvement. Debriefs should be facilitated by the Exercise Planning Team leader or the exercise program manager; results should be captured for inclusion in the After Action Report (AAR)/Improvement Plan (IP). Other debriefs may be held as necessary, such as one specifically for hospitals or actors during an operations-based exercise. A debrief is different from a Hot Wash, in that a Hot Wash is intended to capture feedback from players.
<b>deconfliction</b>	Deconfliction is the comparison of schedules to resolve scheduling conflicts. In HSEEP, this is a critical element of the National Exercise Schedule (NEXS) and is facilitated by the NEXS System in the HSEEP Toolkit.
<b>design and development</b>	Building on the exercise foundation, the design and development process should consist of identifying capabilities, tasks, and objectives; designing the scenario; creating documentation; coordinating logistics; planning exercise conduct; and selecting an evaluation and improvement methodology.
<b>Design and Development System (DDS)</b>	The DDS is part of the HSEEP Toolkit. It is a project management tool and comprehensive tutorial for the design, development, conduct, and evaluation of exercises. The DDS provides users with the appropriate templates and guidance for developing timelines, planning teams, and exercise documentation (e.g., Situation Manuals [SitMans], Exercise Plans [ExPlans]).
<b>discussion-based exercise</b>	Discussion-based exercises are normally used as a starting point in the building-block approach to the cycle, mix, and range of exercises. Discussion-based exercises include seminars, workshops, tabletop exercises (TTXs), and games. These types of exercises typically highlight existing plans, policies, mutual aid agreements (MAAs), and procedures and are exceptional tools to familiarize agencies and personnel with current or expected jurisdictional capabilities. Discussion-based exercises typically focus on strategic, policy-oriented issues, whereas operations-based exercises tend to focus more on tactical, response-related issues. Facilitators and/or presenters usually lead the discussion and keep participants on track to meet exercise objectives.
<b>drill</b>	A drill, a type of operations-based exercise, is a coordinated, supervised activity usually used to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills.



E	
Term	Description
<b>Emergency Operations Center (EOC)</b>	An EOC is a central command and control facility responsible for carrying out the principles of emergency preparedness and emergency management or disaster management functions at a strategic level in an emergency situation and ensuring the continuity of operations (COOP) of a company, political subdivision, or other organization. It is responsible for the strategic overview of the disaster and does not normally directly control field assets, instead making operational decisions and leaving tactical decisions to lower commands. EOCs collect, gather, and analyze data; make decisions that protect life and property; maintain continuity of the organization within the scope of applicable laws; and disseminate those decisions to all concerned agencies and individuals.
<b>evaluation</b>	One of the five phases of the exercise process, evaluation is the cornerstone of exercises; it documents strengths and opportunities for improvement in a jurisdiction's preparedness and is the first step in the improvement process. Under HSEEP, evaluations are conducted through player observation and the use of Exercise Evaluation Guides (EEGs), which outline exercise performance measures expected from participants.
<b>Evaluation Plan (EvalPlan)</b>	The EvalPlan is typically used for operations-based exercises of a large scope and scale. This document provides specific guidance to exercise evaluators, including an exercise synopsis. It is published and distributed before the start of the exercise. The EvalPlan assists exercise evaluators to understand their roles and responsibilities in data collection and evaluation to conduct an effective analysis of the exercise. For most exercises, however, the EvalPlan can be combined with Control Staff Instructions (COSIN) to produce a Controller and Evaluator (C/E) Handbook.
<b>evaluation team</b>	The evaluation team consists of evaluators trained to observe and record participant actions. These individuals should be familiar with the exercising jurisdiction's plans, policies, procedures, and agreements.
<b>evaluator</b>	Evaluators, selected from participating agencies, are chosen based on their expertise in the functional areas they will observe. Evaluators use Exercise Evaluation Guides (EEGs) to measure and assess performance, capture unresolved issues, and analyze exercise results. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with HSEEP standards. Evaluators have a passive role in the exercise and only note the actions and decisions of players without interfering with exercise flow.
<b>event</b>	Within the Master Scenario Events List (MSEL), an event is an expected action that is anticipated to take place during an exercise.
<b>exercise</b>	An exercise is an instrument to train for, assess, practice, and improve performance in prevention, protection, response, and recovery capabilities in a risk-free environment. Exercises can be used for testing and validating policies, plans, procedures, training, equipment, and interagency agreements; clarifying and training personnel in roles and responsibilities; improving interagency coordination and communications; identifying gaps in resources; improving individual performance; and identifying opportunities for improvement.



E	
Term	Description
<b>Exercise Administrative Authority (EAA)</b>	An EAA is a role in the National Exercise Schedule (NEXS) System. EAAs have authority over exercises, organizations, and users within their area of responsibility or scheduling domain. EAAs can create and modify exercises, organizations, and schedulers in the NEXS System. EAAs have visibility into any exercises that have been submitted or approved on the calendar within the purview of their scheduling domain. An EAA is the only one who can approve an exercise for inclusion on the NEXS calendar.
<b>exercise data analysis</b>	Exercise data analysis is consolidated and transformed into narratives that address the course of exercise play, demonstrated strengths, areas for improvement, and performance ratings appropriate for inclusion in the After Action Report (AAR)/Improvement Plan (IP). Because operations-based exercises yield greater amounts of data, operations-based exercises require more thorough and involved data analysis than do discussion-based exercises.
<b>exercise director</b>	The exercise director oversees all exercise functions during exercise conduct, oversees and remains in contact with controllers and evaluators, debriefs controllers and evaluators following the exercise, and oversees setup and cleanup of exercise and positioning of controllers and evaluators.
<b>Exercise Evaluation Guide (EEG)</b>	EEGs are documents that support the exercise evaluation process by providing evaluators with consistent standards for observation, analysis, and After Action Report (AAR) development. Each EEG is linked to a target capability and provides standard activities, performance measures, and tasks to be evaluated based on the exercise objectives. An EEG contains a capability narrative section in which evaluators provide a general chronological narrative of exercise events associated with the capability as well as an evaluator observations section in which evaluators provide specific strengths and areas of improvement linked to the capability.  The consistent guidelines provided in EEGs facilitate creation of AAR/Improvement Plans (IPs) and result in actionable IPs that target specific personnel, planning, organization, equipment, and training needs within capabilities.
<b>Exercise Plan (ExPlan)</b>	ExPlans are general information documents that help operations-based exercises run smoothly. They are published and distributed before the start of an exercise and provide a synopsis of the exercise. In addition to addressing the exercise objectives and scope, ExPlans assign activities and responsibilities for exercise execution. They enable participants to understand their roles and responsibilities in exercise planning, execution, and evaluation. The ExPlan is intended for use by exercise players and observers, and it does not contain detailed scenario information that may reduce the realism of the tasks to be performed. Players and observers should review all elements of the ExPlan before exercise participation.



E	
Term	Description
<b>Exercise Planning Team</b>	<p>The Exercise Planning Team is responsible for all aspects of an exercise, including exercise planning, conduct, and evaluation. The Exercise Planning Team determines exercise capabilities, tasks, and objectives; tailors the scenario to jurisdictional needs; and develops documents used in exercise simulation, control, and evaluation. The Exercise Planning Team should be comprised of representatives from each major participating jurisdiction and agency but should be kept to a manageable size. Membership can be modified to fit the type or scope of an exercise. It may be advantageous to include team members with previous exercise planning experience. Exercise Planning Team members are ideal for controller and evaluator positions during the exercise because advanced scenario knowledge renders them ineligible to participate as players. A lead exercise planner manages the Exercise Planning Team, which can be structured using the principles of the Incident Command System (ICS) into the following sections:</p> <ul style="list-style-type: none"><li>• Administration/Finance</li><li>• Command Staff</li><li>• Logistics</li><li>• Operations</li><li>• Planning</li></ul>
<b>exercise planning timeline</b>	The exercise planning timeline ensures that milestones are met to conduct exercises on schedule.
<b>exercise play area</b>	The exercise play area is the site or facility where the bulk of tactical player activities and tasks are demonstrated during an operations-based exercise.
<b>exercise play rules</b>	Exercise play rules are the parameters that exercise participants follow during the exercise. Exercise play rules describe appropriate exercise behavior, particularly in the case of real-world emergencies.
<b>exercise program management</b>	Exercise program management consists of the functions required for a jurisdiction or entity to sustain a variety of exercises targeted toward preparedness priorities. Program management functions cyclically, and this cycle includes exercises at increasing levels of complexity and annual reviews of program objectives to ensure objectives are being met. It includes project management, budgeting, grant management, staff hiring, funding allocation, and expenditure tracking.
<b>exercise program manager</b>	The exercise program manager develops a self-sustaining exercise program through program budget management oversight, exercise conduct, and improvement tracking monitoring and reporting.
<b>exercise series</b>	This cycle includes exercises held at increasing levels of complexity and annual reviews of program objectives to ensure objectives are met. Multiple exercises are designed in sequence using the building-block approach, aimed at achieving a greater capability (e.g., a seminar leads to a tabletop exercise [TTX], which leads to a functional exercise [FE]).
<b>exercise setup</b>	Exercise setup involves prestaging and dispersal of exercise materials. It includes registration materials, documentation, signage, and other equipment, as appropriate.



E	
Term	Description
<b>expected action event</b>	An expected action event serves as a holding place in the Master Scenario Events List (MSEL) and notifies controllers of when an expected action should occur.



F	
Term	Description
<b>facilitated discussion</b>	A facilitated discussion is the focused discussion of specific issues through a facilitator with functional area or subject matter expertise. Facilitated group discussions occur at individual tables organized by discipline or agency/organization. Facilitated discussions take place before moderated discussions.
<b>facilitator</b>	During a discussion-based exercise, the facilitator is responsible for keeping participant discussions on track with the exercise design objectives and making sure all issues and objectives are explored as thoroughly as possible within time constraints.
<b>Final Planning Conference (FPC)</b>	The FPC is the final forum for the Exercise Planning Team to review the process and procedures for exercise conduct, final drafts of exercise materials, and logistical requirements. There should be no major changes made to the exercise's design, scope, or supporting documentation at the FPC. The FPC ensures all logistical requirements have been arranged, all outstanding issues have been identified and resolved, and all exercise products are ready for printing.
<b>For Official Use Only (FOUO)</b>	FOUO is the term used within the U.S. Department of Homeland Security (DHS) to identify unclassified information of a sensitive nature, not otherwise categorized by statute or regulation, the unauthorized disclosure of which could adversely affect a person's privacy or welfare or conduct of Federal programs or other programs or operations essential to the national interest. Information affecting the national security of the United States and classified Confidential, Secret, or Top Secret under Executive Order 12958, "Classified National Security Information," as amended, or its predecessor or successor orders, is not to be considered FOUO.
<b>foundation</b>	Foundation is the first stage in the exercise process, preceding the Design and Development stage. The Foundation stage focuses on developing a project management timeline, establishing milestones, identifying an Exercise Planning Team, and scheduling planning conferences.
<b>friendly force</b>	In prevention exercises, all State and local law enforcement and other non-Red-Team-designated organizations and agencies (e.g., security forces) are considered friendly forces or Blue Team.
<b>full-scale exercise (FSE)</b>	An FSE is a multiagency, multijurisdictional activity involving actual deployment of resources in a coordinated response as if a real incident had occurred. An FSE tests many components of one or more capabilities within emergency response and recovery and is typically used to assess plans and procedures and a coordinated response under crisis conditions. Characteristics of an FSE include mobilized units, personnel, and equipment; a realistic, stressful environment; and scripted exercise scenarios.
<b>functional exercise (FE)</b>	An FE is a single or multiagency activity designed to evaluate capabilities and multiple functions using a simulated response. An FE is typically used to evaluate the management of Emergency Operations Centers (EOCs), command posts, and headquarters and to assess the adequacy of response plans and resources. Characteristics of an FE include simulated deployment of resources and personnel, rapid problem solving, and a highly stressful environment.



G	
Term	Description
<b>game</b>	A game is a simulation of operations using rules, data, and procedures designed to depict an actual or assumed real-life situation. A game is typically used to explore the processes and consequences of decisionmaking, conduct “what if” analyses of existing plans, and develop new plans. A game often involves two or more teams in a competitive environment and increasingly includes models and simulations. Games do not involve the use of actual resources. Games are discussion-based exercises.
<b>ground truth</b>	Ground truth is a component of prevention exercise documentation comprised of the detailed elements of the scenario that must remain consistent during exercise development and be conducted to ensure that realism is maintained and objectives are met in the unscripted move–countermove exercise environment.
<b>ground truth advisor</b>	In prevention exercises, the ground truth advisor tracks how the moves and countermoves of the adversary (notional and Red Team) and players (e.g., law enforcement, intelligence analysts, private industry) change the fabric of the exercise environment, potentially creating additional elements of the ground truth but never detracting from it.





H	
Term	Description
<b>Homeland Security Council (HSC)</b>	The HSC is a White House entity that ensures coordination of all homeland security-related activities among executive departments and agencies and promotes effective development and implementation of all homeland security policies.
<b>Homeland Security Exercise and Evaluation Program (HSEEP)</b>	HSEEP is a capabilities- and performance-based exercise program that provides standardized policy, doctrine, and terminology for the design, development, conduct, and evaluation of homeland security exercises. HSEEP also provides tools and resources to facilitate management of self-sustaining homeland security exercise programs.
<b>Homeland Security Presidential Directive 5 (HSPD-5)</b>	HSPD-5, an executive branch-issued policy, required the U.S. Department of Homeland Security (DHS) to coordinate with other Federal departments and agencies—as well as State, local, and tribal governments—to establish the National Response Framework (NRF) and National Incident Management System (NIMS).
<b>Homeland Security Presidential Directive 8 (HSPD-8)</b>	HSPD-8, an executive branch-issued policy, was drafted to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal; establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments; and outlining actions to improve the capabilities of Federal, State, and local entities.
<b>Hot Wash</b>	A Hot Wash is a facilitated discussion held immediately after an exercise among exercise players from each functional area. It captures feedback about any issues, concerns, or proposed improvements players may have about the exercise. The Hot Wash is an opportunity for players to voice their opinions on the exercise and their own performance. This facilitated meeting allows players to participate in a self-assessment of exercise play and provides a general assessment of how the jurisdiction performed. At this time, evaluators can seek clarification on certain actions and what prompted players to take them. Evaluators should take notes during the Hot Wash and include these observations in their analysis. The Hot Wash should last no more than 30 minutes.
<b>HSEEP Toolkit</b>	The HSEEP Toolkit is an interactive, online tool for exercise scheduling, design, development, conduct, evaluation, and improvement planning. The HSEEP Toolkit can be accessed from the HSEEP Web site and includes the following subcomponent systems: <ul style="list-style-type: none"><li>• National Exercise Schedule (NEXS) System</li><li>• Design and Development System (DDS)</li><li>• Corrective Action Program (CAP) System</li></ul>



I	
Term	Description
<b>Improvement Plan (IP)</b>	The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. For each task, the IP lists corrective actions that will be taken, responsible party or agency, and expected completion date. The IP is included at the end of the After Action Report (AAR).
<b>Improvement Plan (IP) matrix</b>	The IP matrix lists, for each task, improvement actions that will be taken, responsible party or agency, and expected completion date.
<b>Improvement Planning Workshop (IPW)</b>	The annual IPW provides an opportunity to determine the areas for improvement and target capabilities on which the Region should focus. These areas for improvement and target capabilities constitute the foundation for ongoing development and evolution of the Multiyear Training and Exercise Plan (TEP), which is revised annually at the Training and Exercise Planning Workshop (TEPW).
<b>information sharing environment analysis (ISEA)</b>	Before a prevention exercise, jurisdictions can use this process to identify, describe, and depict their State or local information-sharing environment as it pertains to standard operating procedures, policies, and systems.
<b>Initial Planning Conference (IPC)</b>	The IPC is typically the first step in the planning process and lays the foundation for the exercise (unless a Concept and Objectives [C&O] Meeting is held). Its purpose is to gather input from the Exercise Planning Team on the scope, design requirements, conditions (e.g., assumptions and artificialities), objectives, level of participation, scenario variables (e.g., location, threat/hazard selection), and Master Scenario Events List (MSEL). During the IPC, the Exercise Planning Team decides on exercise location, schedule, duration, and other details required to develop exercise documentation. Exercise Planning Team members should be assigned responsibility for the tasks outlined in the conference.
<b>inject</b>	Injects are Master Scenario Events List (MSEL) events that prompt players to implement the plans, policies, and procedures that planners want the exercise to validate. Injects are MSEL entries that controllers must simulate, including directives, instructions, and decisions. Exercise controllers provide injects to exercise players to drive exercise play toward achievement of objectives. Injects can be written, oral, televised, and/or transmitted via any means (e.g., fax, phone, e-mail, voice, radio). Injects can be contextual or contingency.
<b>integrated timeline</b>	The integrated timeline provides a retrospective timeline of exercise events created during exercise analysis.
<b>integrated timeline analysis</b>	Integrated timeline analysis is the reconstruction of activities that occurred during the exercise. Participants use the timeline to identify discrepancies between what happened and what was supposed to happen and to develop recommendations that address those gaps.
<b>interagency and interjurisdictional exercises</b>	These exercises assess the capacity of multiple organizations and the effectiveness of interagency cooperation and interoperable communication.



L	
Term	Description
<b>lead evaluator</b>	<p>The lead evaluator should participate fully as a member of the Exercise Planning Team and should be a senior-level individual familiar with prevention, protection, response, and/or recovery issues associated with the exercise; plans, policies, and procedures of the exercising jurisdiction/organization; Incident Command and decisionmaking processes of the exercising jurisdiction/organization; and interagency and/or interjurisdictional coordination issues relevant to the exercise.</p> <p>The lead evaluator must have the management skills needed to oversee a team of controllers and evaluators over an extended process, as well as the knowledge and analytical skills to undertake a thorough and accurate analysis of all capabilities being tested during an exercise.</p>
<b>lead exercise planner</b>	<p>The lead exercise planner oversees the Exercise Planning Team, develops the exercise project management timeline and the exercise project management assignment list, assigns exercise responsibilities, provides overall guidance, and monitors the development process.</p>
<b>Lessons Learned Information Sharing (LLIS)</b>	<p>Lessons learned are positive and negative knowledge and experience derived from observations and historical study of operations, training, and exercises. Exercise After Action Reports (AARs) should identify lessons learned and highlight best practices and should be submitted to the U.S. Department of Homeland Security (DHS) for inclusion in the lessons learned/best practices Web site, <a href="http://www.llis.gov">www.llis.gov</a>, which serves as a national network for generating, validating, and disseminating lessons learned and best practices.</p>
<b>Logistics Section</b>	<p>The Logistics Section of the Exercise Planning Team provides the supplies, materials, facilities, and services that enable the exercise to function smoothly without outside interference or disruption. This group consists of two subsections: service and support. The service section provides transportation, barricades, signage, food and drinks, real-world medical capability, and exercise-site perimeter security. The support section provides communications, purchasing, general supplies, VIP and observer processing, and recruitment and management of actors.</p>



M	
Term	Description
<b>Master Scenario Events List (MSEL)</b>	<p>The MSEL is a chronological timeline of expected actions and scripted events to be injected into exercise play by controllers to generate or prompt player activity. It ensures necessary events happen so that all objectives are met. Larger, more complex exercises may also use a procedural flow, which differs from the MSEL in that it contains only expected player actions or events. The MSEL links simulation to action, enhances exercise experience for players, and reflects an incident or activity meant to prompt players to action.</p> <p>Each MSEL record contains a designated scenario time, event synopsis, name of the controller responsible for delivering the inject, and (if applicable) special delivery instructions, task and objective to be demonstrated, expected action, intended player, and note-taking section.</p>
<b>Master Scenario Events List (MSEL) Conference</b>	<p>The MSEL Conference may be held in preparation for more complex, operations-based exercises to review the scenario timeline and focus on MSEL development. A MSEL Conference can be held in conjunction with or separate from the Midterm Planning Conference (MPC) to review the scenario timeline for the exercise.</p>
<b>media personnel</b>	<p>Some media personnel may be present as observers, pending approval by exercise personnel and Exercise Support Team members. The Simulation Cell (SimCell) may simulate media interaction to enhance realism and meet related exercise objectives. A dedicated group of exercise controllers should be assigned to manage these groups.</p>
<b>media policy</b>	<p>The agency or organization sponsoring the exercise should decide whether or not to invite the media. If invited, the media should have an opportunity before the exercise to conduct interviews with key planners and participants. Unless media personnel are invited to participate in the exercise, media personnel should be escorted at all times. Media policies can prevent public confusion on the day of the exercise and assure the public that the community is working to prepare for real-world incidents.</p>
<b>Midterm Planning Conference (MPC)</b>	<p>The MPC is a planning conference for operations-based exercises. It is used to discuss exercise organization and staffing concepts; scenario and timeline development; and scheduling, logistics, and administrative requirements. It is also a session to review draft documentation (e.g., Exercise Plan [ExPlan], Controller and Evaluator [C/E] Handbook).</p>
<b>mission</b>	<p>There are four homeland security missions: (1) prevent, (2) protect against, (3) respond to, and (4) recover from acts of terrorism, natural disasters, and other emergencies. Within the missions are the target capabilities to be achieved and the tasks required to achieve them.</p>
<b>mission-level performance analysis</b>	<p>Mission-level performance analysis assesses the ability of the community as a whole (i.e., across disciplines and jurisdictions) to achieve the expected outcomes in responding to an incident. It considers the question “How prepared is the community to prevent, respond to, and recover from a terrorist attack or natural disaster?”</p>



M	
Term	Description
<b>moderated discussion</b>	A moderated discussion is a facilitated, discussion-based forum where a representative from each functional area breakout presents to participants a summary and results from a group's earlier facilitated discussion. During moderated discussions, spokespersons summarize the facilitated discussion, present key findings and issues, and discuss any unresolved issues or questions. At the end of the moderated discussion period, the floor is open for questions.
<b>moulage</b>	Moulage is the makeup applied to actors to add realism to an exercise. It includes fake blood, plastic bones, and any other makeup that enables actors to emulate the signs and symptoms on their symptomatology cards. Although not required, moulage is encouraged at all operations-based exercises. Common resources for moulage staff include local school drama clubs, military units, community theaters, the American Red Cross, and morticians.
<b>Multiyear Training and Exercise Plan (TEP)</b>	The Multiyear Training and Exercise Plan (TEP) is the foundation document guiding a successful exercise program. It provides a mechanism for long-term coordination of training and exercise activities toward a jurisdiction's preparedness goals. This plan describes the program's training and exercise priorities and aids in employing the building-block approach for training and exercise activities. Within the Multiyear TEP, the multiyear schedule graphically illustrates training and exercise activities that support the identified priorities. The schedule presents a multiyear outlook for task and priority achievement. As training and exercises are completed, the document can be annually updated, modified, and revised to reflect changes to the priorities and new capabilities that need to be assessed. The Multiyear TEP and schedule are produced through the work completed at the Training and Exercise Planning Workshop (TEPW). After this information is synthesized, participants develop the plan and schedule for their State or jurisdiction.



N	
Term	Description
National Exercise Program (NEP)	The NEP serves as the principal mechanism for (1) examining the preparedness of the U.S. Government and its officers and other officials and (2) adopting policy changes that might improve such preparation. The NEP provides opportunities to periodically train and exercise, identify key policy issues, and refine key incident management. It enhances existing and develops new common exercise and evaluation doctrine and methodology. It establishes collaborative management processes, supporting systems, and multiyear scheduling to meet short- and long-term goals. The NEP also formalizes a system for collecting, reporting, analyzing, interpreting, and disseminating qualitative and quantitative exercise lessons and exemplary practices.
National Exercise Schedule (NEXS)	The NEXS is a compilation of all national, Federal, State, and local level exercises. The NEXS provides basic information on each planned exercise, including the exercise name, location, date, major participants, and points of contact. The NEXS also serves as a management tool and reference document for exercise planning and enables visibility of exercises to planners and leadership. The NEXS seeks to provide opportunities to synchronize and deconflict exercise initiatives.
National Exercise Schedule (NEXS) System	The NEXS System is the Nation's online comprehensive tool that facilitates scheduling, deconfliction, and synchronization of all national, Federal, State, and local level exercises.
National Incident Management System (NIMS)	The NIMS standard was designed to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive system for incident management. It is a system mandated by Homeland Security Presidential Directive 5 (HSPD-5) that provides a consistent, nationwide approach for Federal, State, tribal, and local governments; the private sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.
national level exercise (NLE)	<p>An NLE is the single annual operations-based National Exercise Program (NEP) Tier I exercise focused on White House-directed, U.S. Government-wide strategy and policy-related issues that require participation of all appropriate department and agency principals (or their deputies); other key officials; and all necessary staffs, operations centers, and operational elements at the national, regional, and local levels. An NLE may be a functional exercise (FE), full-scale exercise (FSE), or a combination.</p> <p>NLEs examine the preparation of the U.S. Government and its officers and other officials to prevent, respond to, or recover from threatened or actual terrorist attacks. NLEs address U.S. Government strategic- and policy-level objectives and challenge the preparedness of the United States. An NLE can involve all levels of Federal, State, and local authorities and private-sector entities. The NEP will also integrate department and agency exercise planning activities into NLEs that support specified national priorities and objectives, as contained in presidential directives. NLEs test the implementation of existing policies and plans. The NLE may involve international partners and include classified elements.</p>



N	
Term	Description
National Planning Scenarios	The 15 National Planning Scenarios require a wide range of prevention, protection, response, and recovery tasks to effectively manage the incidents described. They represent a range of potential incidents and were used to develop the Universal Task List (UTL) and Target Capability List (TCL).
National Preparedness Guidelines	The National Preparedness Guidelines were set to achieve and sustain capabilities that enable the Nation to successfully prevent terrorist attacks on the homeland and rapidly and effectively respond to and recover from any terrorist attack, major disaster, or other emergency to minimize the impact on lives, property, and the economy. National preparedness will be achieved by reaching risk-based target levels of capability and sustained by measuring readiness and directing resources to areas of greatest risk and need.
National Strategy for Homeland Security	The purpose of the National Strategy for Homeland Security is to mobilize and organize the homeland from terrorist attacks. This complex mission requires coordinated and focused effort from Federal, State, and local governments; the private sector; and the American people. The strategic objectives of homeland security are to prevent terrorist attacks within the United States, reduce America's vulnerability to terrorism, and minimize the damage and recover from attacks that do occur.
Nunn-Lugar-Domenici Domestic Preparedness Program (NLD DPP)	The Nunn-Lugar-Domenici Domestic Preparedness Program (NLD DPP) initiative was designed to enhance the response capability of designated cities to respond to acts of terrorism involving weapons of mass destruction. Much of the HSEEP design and development methodology is derived from the NLD DPP.





O	
Term	Description
<b>objectives</b>	Exercise objectives must be established for every exercise. Well-defined objectives provide a framework for scenario development, guide individual organizations' objective development, and inform exercise evaluation criteria. Jurisdictions should frame exercise objectives with the aim of attaining capabilities established as priorities at the Federal, State, and local levels as captured in the jurisdiction's Multiyear TEP and schedule. Objectives should reflect specific capabilities that the exercising jurisdiction establishes as priorities and the tasks associated with those capabilities. Objectives should be simple, measurable, achievable, realistic, and task-oriented. Planners should limit the number of exercise objectives to enable timely execution and facilitate design of a realistic scenario.
<b>observer</b>	Observers are not exercise participants; rather, they observe selected segments of the exercise as it unfolds, while remaining separated from player activities. Observers view the exercise from a designated observation area and are asked to remain within the observation area during the exercise. A dedicated group of exercise controllers should be assigned to manage these groups. In a discussion-based exercise, observers may support development of player responses to the situation during the discussion by delivering messages or citing references.
<b>Observer Briefing</b>	An Observer Briefing is a preexercise overview given by one or more members of the Exercise Planning Team to educate observers about program background, scenario, schedule of events, observer limitations, and any other miscellaneous information. Many times, observers are unfamiliar with public safety procedures and have questions about the activities they see. Designating someone to answer questions, such as a response agency public information officer (PIO), will prevent observers from asking questions of participants, controllers, or evaluators.
<b>observer/media area</b>	The observer/media area is a designated exercise area that provides observers and media representatives with a view of exercise play without the potential to interfere. It should be adjacent to the exercise site but should not allow interference with response routes or egress points. Because many jurisdictions prefer to keep operations of groups such as special weapons and tactics (SWAT) teams, bomb squads, and explosive ordnance disposal teams confidential, these activities could take place some distance from the observer/media area.
<b>operations-based exercise</b>	Operations-based exercises are a category of exercises characterized by actual response, mobilization of apparatus and resources, and commitment of personnel, usually held over an extended period of time. They include drills, functional exercises, and full-scale exercises. Operations-based exercises can be used to validate plans, policies, agreements, and procedures. They are used to clarify roles and responsibilities, identify gaps in resources needed to implement plans and procedures, and improve individual and team performance. Note: These exercises often follow after and validate the lessons learned from discussion-based exercises.





O	
Term	Description
<b>Operations Section</b>	The Operations Section of the Exercise Planning Team provides most of the technical or functional expertise for the participating agencies or jurisdictions. This group develops scenarios, selects evaluation tools, and has personnel with the expertise necessary to serve as evaluators.



P	
Term	Description
<b>participant</b>	Participants are the overarching group that includes all players, controllers, evaluators, and staff members involved in conducting an exercise.
<b>Participant Feedback Form</b>	Participant Feedback Forms are used to obtain information on perceptions of the exercise and how well each participant thought his or her unit performed. This information can provide insight into why events happened the way they did or why some expected actions did not take place. Feedback forms are distributed before a Hot Wash and collected at the end, and the evaluation team reviews them to capture any useful information. Feedback forms also serve to solicit general feedback on exercise quality, which can be provided to the Exercise Planning Team to help implement improvements in future exercises because this contributes to several portions of the After Action Report (AAR)/Improvement Plan (IP).
<b>performance-objective-level analysis</b>	This type of analysis assesses whether the larger team adequately performed all tasks in accordance with approved plans, policies, procedures, and agreements.
<b>planning conferences</b>	Planning conferences are forums held by the Exercise Planning Team to design and develop the exercise. The scope, type, and complexity of an exercise should determine the number of conferences necessary to successfully conduct an exercise. These milestones of the exercise planning process are typically comprised of the Initial Planning Conference (IPC), the Midterm Planning Conference, and the Final Planning Conference (FPC). Potential additional exercise planning conferences include the Concept and Objectives (C&O) Meeting, the Master Scenario Events List (MSEL) Conference, and the Red Team Planning Conference. Discussion-based exercises usually only convene IPCs and FPCs, whereas operations-based exercises may call for all the standard conferences.
<b>Planning Section</b>	The Planning Section of the Exercise Planning Team is responsible for compiling and developing all exercise documentation. To accomplish this effectively, the Planning Section also collects and reviews policies, plans, and procedures that will be tested in the exercise. During the exercise, the Planning Section may be responsible for developing simulated actions by agencies not participating in the exercise and setting up a Simulation Cell (SimCell), if necessary.
<b>player</b>	Players have an active role in preventing, responding to, or recovering from the risks and hazards presented in the exercise scenario. Players initiate actions that will respond to and/or mitigate the simulated emergency. In a discussion-based exercise, this is done by discussing their regular roles and responsibilities. In an operations-based exercise, this is done by performing their regular roles and responsibilities.
<b>Player Briefing</b>	A Player Briefing is held immediately before an operations-based exercise and addresses individual roles and responsibilities, exercise parameters, safety, badges, and any other logistical items. For a drill or full-scale exercise (FSE), Player Briefings typically occur in the assembly area.



P	
Term	Description
<b>preparedness</b>	The preparedness mission is the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government, private-sector, and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. It is also the existence of plans, procedures, policies, training, and equipment necessary at the Federal, State, and local levels to maximize the ability to prevent, respond to, and recover from major incidents. The term "readiness" is used interchangeably with preparedness.
<b>press release</b>	A press release is developed and disseminated before an exercise and given to media representatives, the public, observers, and VIPs. Press releases typically include an introduction, purpose, scope, duration, general scenario, and participating agencies.
<b>prevention exercises</b>	Prevention exercises can be either discussion- or operations-based and may focus on issues that pertain to information and intelligence sharing, credible threats, surveillance, and/or opposing force or Red Team activity.
<b>prevention</b>	The prevention mission area encompasses activities that serve to detect and disrupt terrorist threats or actions against the United States and its interests. They are actions taken to avoid an incident or to intervene to stop an incident from occurring and involve actions taken to prevent the loss of lives and property. Prevention involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice. Prevention also includes activities undertaken by the first responder community during the early stages of an incident to reduce the likelihood or consequences of threatened or actual terrorist attacks.
<b>prevention exercises</b>	Prevention exercises can be either discussion- or operations-based and may focus on issues that pertain to information and intelligence sharing, credible threats, surveillance, and/or opposing force or Red Team activity. (See also Terrorism Prevention Exercise Program.)



P	
Term	Description
<b>principal level exercise (PLE)</b>	PLEs establish and clarify roles and responsibilities, strategy, and policy for U.S. Government activities. The National Exercise Program (NEP) includes four NEP Tier I discussion-based PLEs annually, requiring participation of all appropriate department and agency principals (or their deputies) who may be used to advance development of policy and plans. Of the four PLEs, one PLE serves as a preparatory event for the annual national level exercise (NLE). PLEs address emerging threats and issues requiring senior-level attention. To ensure the flexibility to address emerging needs, the topic for one of these PLEs is not decided until the year of its conduct. The U.S. Department of Homeland Security (DHS) is responsible for PLE conduct in consultation with the Homeland Security Council and National Security Council staffs, with technical assistance from the U.S. Department of Defense (DoD) and appropriate assistance from all other departments and agencies.
<b>private-sector coordination</b>	This term refers to the inclusion of major community businesses and facilities into preparedness initiatives.
<b>procedural flow (ProFlow)</b>	The ProFlow is an exercise document that outlines a sequential flow of actions anticipated from participating organizations in response to a hypothetical situation. The ProFlow allows controllers and evaluators to track and monitor expected actions to ensure their completion at designated times. The ProFlow differs from the Master Scenario Events List (MSEL) in that it contains only expected player actions such as establishing decontamination, triage, treatment, and transport. Typically, ProFlows are only produced for large-scale, complex exercises.
<b>project management</b>	Effective exercise project management ensures identification, development, and management of critical and supportive activities; frequent communication about project status; and use of management plans and timelines (e.g., project management timeline, scheduling software, Gantt charts).
<b>project management timeline</b>	The project management timeline is a tool that lists key dates and milestones—as well as critical exercise planning responsibilities—upon which the Exercise Planning Team agrees.
<b>props</b>	Props are nonfunctional replications of objects. The presence or discovery of props requires certain actions by exercise players. Examples of props include simulated bombs, bomb blast debris (shrapnel), mannequins or body parts, and foam bricks and beams. Simulants that mimic the effects of chemical or radiological hazards or that cause a positive reading of an actual detection device are also considered props.
<b>protection</b>	The protection mission area includes actions to reduce the vulnerability of critical infrastructure or key resources to deter, mitigate, or neutralize terrorist attacks, major disasters, and other emergencies. Protection focuses on deterrence, mitigation, and response-oriented activities to prevent an attack from occurring, whereas prevention centers on the recognition of threats via information sharing and intelligence analysis.



P	
Term	Description
<b>public announcement</b>	A public announcement is given to the public before any operations-based exercise to alleviate confusion for passing motorists and pedestrians and help the public avoid congestion near the exercise site by providing suggestions for alternate routes. Announcements can be made on local television or radio, in local newspapers, through mass mailings or pamphlets, and/or on signs near the exercise site.
<b>purpose</b>	The purpose is a broad statement of the reason the exercise is being conducted. The purpose should explain what elements are to be assessed, evaluated, or measured.



R	
Term	Description
<b>Radiological Emergency Preparedness (REP) Program</b>	FEMA established the REP Program to ensure the public health and safety of citizens living around commercial nuclear power plants by protecting them in the event of a nuclear power station accident and informing and educating the public about radiological emergency preparedness.
<b>recommendation</b>	Recommendations, based on root-cause analysis, are listed in all After Action Report (AAR)/Improvement Plans (IPs). Recommendations are the identification of areas for improvement as noted during an exercise.
<b>recorder</b>	A recorder's primary duty is to capture the activity of the exercise participants. He or she does not have an active role in exercise activities.
<b>recovery</b>	The recovery mission area is the development, coordination, and execution of service- and site-restoration plans for affected communities and the reconstitution of government operations and services through individual, private-sector, nongovernmental, and public assistance programs that identify needs and define resources; provide housing and promote restoration; address long-term care and treatment of affected persons; implement additional measures for community restoration; incorporate mitigation measures and techniques, as feasible; evaluate the incident to identify lessons learned; and develop initiatives to mitigate the effects of future incidents.
<b>Red Team</b>	The Red Team is a group of subject matter experts of various disciplinary backgrounds who provides an independent peer review of plans and processes, acts as the adversary's advocate, and knowledgeably role plays the adversary using a controlled, realistic, interactive process during operations planning, training, and exercising. In prevention exercises, this group of operators adapts to player decisions and actions according to the prescribed adversary's motivations and tactics, which provide players with instant feedback.
<b>Red Team Handbook</b>	The Red Team Handbook is used solely in operations-based prevention exercises that employ Red Teams. This document aids Red Team operators, safety controllers, and evaluators in the conduct of safe and valid Red Team exercise activity. It also provides essential information (not included in any other exercise documents) to Red Team operators, which enables them to understand their roles in exercise execution.
<b>Red Team operators</b>	Red Team operators portray the physical entity of the adversary in an operations-based prevention exercise. Also called the Opposition Force (OPFOR).
<b>Red Team Planning Conference</b>	The Red Team Planning Conference, conducted in preparation for a prevention exercise, is held to confirm safety redundancies, rules of exercise play, operational plans, and the exercise timeline.
<b>registration area</b>	The registration area is where participants sign in and receive exercise identification such as badges or hats.



R	
Term	Description
<b>response</b>	The response mission area focuses on activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes execution of emergency operations procedures and incident mitigation activities designed to limit loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increasing security operations; continuing investigations into the nature and source of the threat; conducting ongoing public health and agricultural surveillance and testing processes; performing immunizations, isolation, or quarantine; conducting specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity; and apprehending actual perpetrators and bringing them to justice.
<b>response and recovery exercises</b>	These exercises focus on response and recovery aspects of a simulated incident.
<b>response area</b>	The response area is a large space where operations occur (e.g., decontamination, triage, treatment).
<b>response route</b>	The response route is the path that responding emergency units follow from an assembly area to a simulated incident.
<b>risk-based scenario</b>	Risk-based scenarios are scenarios that accurately represent risks facing the exercising jurisdiction (including both natural and manmade threats). Exercises that use risk-based scenarios enable evaluation of the capabilities associated with countering that scenario.
<b>root-cause analysis</b>	Root-cause analysis of the integrated timeline focuses on identifying the most basic causal factor for why an expected action did not occur or was not performed as expected.
<b>rules of exercise play</b>	In prevention exercises, the rules of exercise play is a comprehensive list of rules that provides specific guidance for the behavior of all exercise participants. These rules define the boundaries for exercise play; establish limits on Red Team activity; ensure that useful information is gathered; and most importantly, ensure participant safety.



S	
Term	Description
safety controller	The safety controller is responsible for monitoring exercise safety during setup, conduct, and cleanup of the exercise. All exercise controllers assist the safety controller by reporting any safety concerns. The safety controller should not be confused with the safety officer, who is identified by the incident commander during exercise play.
scenario	A scenario provides the backdrop and storyline that drive an exercise. The first step in designing a scenario is determining the type of threat/hazard (e.g., chemical, explosive, cyber, natural disaster) to be used in an exercise. The hazards selected for an exercise should realistically stress the capabilities a jurisdiction is attempting to improve through its exercise programs. A hazard should also be a realistic representation of potential threats faced by the exercising jurisdiction. For discussion-based exercises, a scenario provides the backdrop that drives participant discussion. For operations-based exercises, the scenario should provide background information on the incident catalyst of the exercise. For prevention exercises, the scenario should include the ground truth.
scheduler	This is a role within the National Exercise Schedule (NEXS) System. The scheduler assists the Exercise Administrative Authority (EAA). The EAA will designate certain users as schedulers in their scheduling domain. Schedulers can recommend adding new schedulers to a domain, but they must be approved by the EAA. Schedulers can submit exercises for the EAA's approval. Only schedulers and EAAs can submit exercises to the national calendar, and only EAAs can approve exercises.
scope	Scope is an indicator of the level of government or private-sector participation in exercise play, regardless of participant size. Scope levels include local, multilocal, regional (within a State), State, multistate, Federal, national, international, and private sector.
seminar	Seminars orient participants to authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas. Seminars provide a good starting point for jurisdictions that are developing or making major changes to their plans and procedures.
senior controller	The senior controller is responsible for the overall organization of the exercise. The senior controller monitors exercise progress and coordinates decisions regarding deviations or significant changes to the scenario caused by unexpected developments during play. The senior controller monitors actions by individual controllers and ensures they implement all designated and modified actions at the appropriate time. The senior controller debriefs controllers and evaluators after the exercise and oversees the setup and takedown of the exercise.
simulation	(1) An electronic simulation is a method for predicting the results of implementing a model over time. (2) Simulation of nonparticipating personnel and agencies is a technique for increasing realism in exercises.





S	
Term	Description
Simulation Cell (SimCell)	The SimCell is an exercise area where controllers generate and deliver injects and receive player responses to nonparticipating organizations, agencies, and individuals who would likely participate in an actual incident. Physically, the SimCell is a working location for a number of qualified professionals who portray representatives of nonparticipating organizations, agencies, and individuals who would likely participate during an actual incident.
simulators	Simulators are control staff personnel who role play as nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell) but may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., as media reporters or next-of-kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the exercise director and senior controller.
Situation Manual (SitMan)	The SitMan is a handbook provided to all participants in discussion-based exercises, particularly tabletop exercises (TTXs). The SitMan provides background information on the exercise scope, schedule, and objectives. It presents the scenario narrative that will drive participant discussions. The SitMan should mirror the exercise briefing, support the scenario narrative, and allow participants to read along while watching events unfold.
special effects	Special effects are technical, mechanical, or electronic scenario enhancements. Special effects typically require trained and licensed personnel, special permission for use, and additional safety and/or security precautions. Examples include use of pyrotechnics or explosives.
sponsor	The sponsor is the primary funding organization for an exercise.
State Event Administering Authority (State EAA)	This is a role within the Corrective Action Program (CAP) System. The State EAA is responsible for coordinating preparedness exercises at the State level, generally for a homeland security or emergency management agency. The State EAA can view improvement plans where their organization has been assigned a formal role for an event or where the State EAA's organization sponsored the exercise. The State EAA is responsible for creating new events but also has access to all reporting functions available in the system.
subject matter expert (SME)	SMEs add functional knowledge and expertise in a specific area or in performing a specialized job, task, or skill to the Exercise Planning Team. They help make the scenario realistic and plausible and ensure jurisdictions have the appropriate capabilities to respond. SMEs are ideal for the positions of controllers and evaluators.
support staff	The exercise support staff includes individuals who are assigned administrative and logistical support tasks during the exercise (e.g., registration, catering).



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S	
Term	Description
symptomatology card	Symptomatology cards are provided to each actor in a response-focused exercise. Each card is unique, containing the signs and symptoms the actor will portray as well as information for medical providers. The actors are instructed to keep these cards with them at all times during the exercise and to not step out of character except in the event of a real emergency. At a minimum, symptomatology cards should include vital signs, symptoms, trauma injuries, acting instructions (e.g., disorientation, emotional distress), and special needs (e.g., language barriers, physical limitations).
synchronization	Synchronization is the comparison of schedules to resolve scheduling conflicts and identify opportunities for collaboration to maximize resources. In HSEEP, this is a critical element of the National Exercise Schedule (NEXS) and is facilitated by the NEXS System in the HSEEP Toolkit.



T	
Term	Description
tabletop exercise (TTX)	TTXs are intended to stimulate discussion of various issues regarding a hypothetical situation. They can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, or recovery from a defined incident. During a TTX, senior staff members, elected or appointed officials, or other key personnel meet in an informal setting to discuss simulated situations. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem-solving rather than the rapid, spontaneous decisionmaking that occurs under actual or simulated emergency conditions. TTXs can be breakout (i.e., groups split into functional areas) or plenary (i.e., one large group).
Target Capabilities List (TCL)	The TCL is a list of capabilities that provides guidance on the specific capabilities that Federal, State, tribal, and local entities are expected to develop and maintain to prevent, protect against, respond to, and recover from incidents of national significance, including terrorism or natural disasters, to maintain the level of preparedness set forth in the National Preparedness Guidelines. The TCL is grouped into four mission areas.
task	Tasks are specific, discrete actions that individuals or groups must complete or discuss during an exercise to successfully carry out an activity. Successful execution of performance measures and tasks, either sequentially or in parallel, is the foundation for activities, which are, in turn, the foundation of capabilities.
task-level analysis	Task-level analysis examines the ability of individual players or functional areas to perform a required task during an exercise. Task-level analysis can help identify the shortcomings or errors preventing demonstration of a capability. Task-level analysis helps jurisdictions and organizations analyze shortcomings and target planning, equipment, and training resources to improve their capabilities.
task-level performance analysis	Task-level performance analysis describes the ability of individual players or teams to perform a required task during an exercise. It answers the question "Did the individuals or team carry out the task in the way that you expected and that achieved the functional goal?"
Terrorism Prevention Exercise Program (TPEP)	The TPEP is dedicated to providing participants at the Federal, State, tribal, and local levels the tools needed to demonstrate, evaluate, and improve the capability to prevent terrorism through information- and intelligence-based exercises. The TPEP uses HSEEP methodology but focuses on preincident operations.
Training and Exercise Planning Workshop (TEPW)	A TEPW is usually conducted to create a Multiyear Training and Exercise Plan. During the workshop, participants review priority preparedness capabilities and coordinate exercise and training activities that can improve those capabilities. As a result of the workshop, the Multiyear Training and Exercise Plan outlines multiyear timelines and milestones for the execution of specific training and exercise activities.
trusted agent	Trusted agents are the individuals on the Exercise Planning Team who are trusted not to reveal the scenario details to players before the exercise.



FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Glossary

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U	
Term	Description
<b>Universal Adversary (UA)</b>	The UA, a fictional adversary, is an exercise tool that compiles known terrorist motivations, doctrine, tactics, techniques, and procedures in live, virtual, and constructive simulations. A UA is employed to build the ground truth and anticipated countermoves for prevention-focused exercises.
<b>Universal Adversary (UA) advisor</b>	In prevention exercises, the UA advisor is responsible for providing the Master Scenario Events List (MSEL) and Red Team developers with realistic scenario and timeline guidance based on expertise in the given UA threat category or local threat environment.
<b>Universal Adversary (UA) profile</b>	The Universal Adversary (UA) profile provides detailed background information on the threat category being portrayed, including the typology, ideology, motivation, tactics, capability, objective, and individuals associated with the fictional group.
<b>Universal Task List (UTL)</b>	The UTL is a comprehensive menu of tasks derived from all tasks that may be performed in major incidents as illustrated by the National Planning Scenarios. Entities at all levels of government should use the UTL as a reference to help them develop proficiency through training and exercises to perform their assigned missions and tasks during major incidents.



V	
Term	Description
<b>venue</b>	A venue is the primary location of exercise conduct. In operations-based exercises, this is typically the facility or site the scenario will affect. For example, if a nonpersistent chemical agent (e.g., sarin) is selected as the threat/hazard, the venue should not be an open-air facility (e.g., stadium, park) because of the agent's dissipating characteristics. (Note: The venue used to conduct the exercise does not necessarily have to be the same venue described in the exercise scenario. For example, a stadium parking lot may be used to simulate an airport runway).
<b>venue control cell (VCC)</b>	The VCC is the location from where controllers run the exercise, in the event that the exercise occurs at multiple venues.



W	
Term	Description
workshop	The workshop, a type of discussion-based exercise, represents the second tier of exercises in the building-block approach. Although similar to seminars, workshops differ in two important aspects: increased participant interaction and a focus on achieving or building a product (e.g., plans, policies). A workshop is typically used to test new ideas, processes, or procedures; train groups in coordinated activities; and obtain consensus. Workshops often use breakout sessions to explore parts of an issue with smaller groups.



This document provides definitions for commonly used acronyms of the Homeland Security Exercise and Evaluation Program (HSEEP).

Acronym	Definition
AAC	After Action Conference
AAR	After Action Report
AHRQ	Agency for Healthcare Research and Quality
ASPR	Assistant Secretary for Preparedness and Response
C&O Meeting	Concept and Objectives Meeting
C/E Briefing	Controller and Evaluator Briefing
C/E Debriefing	Controller and Evaluator Debriefing
C/E Handbook	Controller and Evaluator Handbook
CAP	Corrective Action Program
CAS	Comprehensive Assessment System
CBRNE	chemical, biological, radiological, nuclear, and high-yield explosives
CDC	Centers for Disease Control and Prevention
CDP	Center for Domestic Preparedness
COG	continuity of government
ConPlan	Contingency Plan
COOP	continuity of operations
COP	common operating picture
COSIN	Control Staff Instructions
CPX	command post exercise
CSEPP	Chemical Stockpile Emergency Preparedness Program
CSID	Centralized Scheduling and Information Desk
CST	Civil Support Team
DDS	Design and Development System
DHS	U.S. Department of Homeland Security
DoD	U.S. Department of Defense
DOE	U.S. Department of Energy
DOJ	U.S. Department of Justice
DOT	U.S. Department of Transportation
EAA	Exercise Administrative Authority
EEG	Exercise Evaluation Guide
EMAC	Emergency Management Assistance Compact
EMI	Emergency Management Institute
EMS	emergency medical services
EMT	emergency medical technician





Acronym	Definition
EOC	Emergency Operations Center
EOD	explosive ordnance disposal
EOP	Emergency Operations Plan
EPA	U.S. Environmental Protection Agency
ESF	Emergency Support Function
EvalPlan	Evaluation Plan
ExPlan	Exercise Plan
FAA	Federal Aviation Administration
FBI	Federal Bureau of Investigation
FE	functional exercise
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
FPC	Final Planning Conference
FSE	full-scale exercise
FY	fiscal year
GPD	Grant Programs Directorate
HazMat	hazardous materials
HHS	U.S. Department of Health and Human Services
HIRA	Hazards Identification Risk Analysis
HSC	U.S. Homeland Security Council
HSEEP	Homeland Security Exercise and Evaluation Program
HS GP	Homeland Security Grant Program
HSIN	Homeland Security Information Network
HSPD	Homeland Security Presidential Directive
ICS	Incident Command System
IP	Improvement Plan
IPC	Initial Planning Conference
IPC	Interagency Policy Committee
IPS	Integrated Planning System
IPW	Improvement Planning Workshop
IS	Independent Study
ISEA	Information Sharing Environment Analysis
JAD	Joint Application Development
JTTF	Joint Terrorism Task Force
LLIS	Lessons Learned Information Sharing ( <i>llis.gov</i> )
MAA	mutual aid agreement
MACC	Multiagency Coordination Center



Acronym	Definition
MCC	Master Control Cell
MEPP	Master Exercise Practitioner Program
MIPT	Memorial Institute for the Prevention of Terrorism
MOA	memorandum of agreement
MOU	memorandum of understanding
MPC	Midterm Planning Conference
MSDS	Material Safety Data Sheet
MSEL	Master Scenario Events List
NCP	National Continuity Programs Directorate
NED	National Exercise Division
NEP	National Exercise Program
NESC	National Exercise Simulation Center
NEXS System	National Exercise Schedule System
NFA	National Fire Academy
NGO	nongovernmental organization
NIC	National Integration Center
NIMS	National Incident Management System
NLD DPP	Nunn-Lugar-Domenici Domestic Preparedness Program
NLE	national level exercise
NOAA	National Oceanic and Atmospheric Administration
NPD	National Preparedness Directorate
NRF	National Response Framework
NSEC	National Standard Exercise Curriculum
NSSE	National Special Security Event
NxMSEL	National Exercise Master Scenario Events List
PIO	Public Information Officer
PKEMRA	Post-Katrina Emergency Management Reform Act
PLE	principal level exercise
POC	point of contact
PPE	personal protective equipment
PPPA	Office of Preparedness Policy, Planning, and Analysis
ProFlow	procedural flow
RAMP	Remedial Action Management Program
REP Program	Radiological Emergency Preparedness Program
RESP	Regional Exercise Support Program
RRCC	Regional Response Coordination Center
RSP	render-safe procedures



Acronym	Definition
SAA	State Administrative Agency
SHSP	State Homeland Security Program
SimCell	Simulation Cell
SitMan	Situation Manual
SME	subject matter expert
SNS	Strategic National Stockpile
SOE	senior officials exercise
SOP	standard operating procedure
SSO	single sign-on
SWAT	Strategic Weapons and Tactics
TCL	Target Capabilities List
TEI	Training and Exercise Integration
TEP	Training and Exercise Plan
TEPW	Training and Exercise Planning Workshop
TOPOFF	Top Officials National Exercise Series
TPEP	Terrorism Prevention Exercise Program
TSA	Transportation Security Administration
TTX	tabletop exercise
UA	Universal Adversary
UASI	Urban Area Security Initiative
UCS	Unified Command System
USCG	United States Coast Guard
UTL	Universal Task List
VCC	Venue Control Cell
VTC	video teleconference
WMD	weapons of mass destruction



Term	Description
<b>Absorption</b>	The process of an agent being taken in by a surface (e.g., clothing, fabrics, wood) much like a sponge with water
<b>Aerobe</b>	A microorganism that lives and grows in the presence of oxygen
<b>Aerosol</b>	Fine liquid or solid particles suspended in air (e.g., fog or smoke)
<b>Agent dosage</b>	Refers to the lethal dose, 50 percent (LD <sub>50</sub> ), a measure of the dose or quantity of a given agent that will be lethal to 50 percent of the target group. The lower the LD <sub>50</sub> , the less amount of agent is required and the more potent the agent.
<b>Anaerobe</b>	A microorganism that lives and grows in the complete or nearly complete absence of oxygen (e.g., <i>Clostridium botulinum</i> )
<b>Antibiotic</b>	A chemical substance that inhibits the growth of or kills microorganisms. Antibiotics can be taken before or after exposure.
<b>Antidote</b>	A substance that neutralizes toxic agents or their effects
<b>Antiserum</b>	The liquid part of blood containing antibodies
<b>Bacteria</b>	Single-celled organisms that multiply by cell division and can cause disease in humans, plants, or animals
<b>Biochemicals</b>	The chemicals that make up or are produced by living things
<b>Biological weapons</b>	The intentional use of biological agents as weapons to kill or injure humans, animals, or plants, or to damage equipment
<b>Biological weapons agents</b>	Living organisms or the chemical compounds derived from them that cause disease or disrupt physiological activity in humans, animals, or plants, or cause deterioration of material. Biological agents may be used as liquid droplets, aerosols, or dry powders.
<b>Bioregulators</b>	Biochemicals that regulate bodily functions. Bioregulators that are produced by the body are termed "endogenous." Some of these bioregulators can be chemically synthesized.
<b>Causative agent</b>	The organism or toxin responsible for causing a specific disease or harmful effect
<b>Ceiling exposure value</b>	The maximum airborne concentration of a biological or chemical agent to which a worker may be exposed at any time
<b>CNS</b>	Central nervous system
<b>CNS depressants</b>	Compounds with the predominant effect of depressing or blocking the activity of the CNS. The primary mental effects include disruption of the ability to think, sedation, and lack of motivation.
<b>CNS stimulants</b>	Compounds with the predominant effect of flooding the brain with too much information. The primary mental effect is loss of concentration, which causes indecisiveness and the inability to act in a sustained, purposeful manner.
<b>Conjunctivitis</b>	An inflammation of the conjunctiva, usually caused by viruses, bacteria, or an allergy
<b>Consequence management</b>	Measures to alleviate the damage, loss, hardship, or suffering caused by emergencies. It includes measures to restore essential government service, protect public health and safety, and provide emergency relief to affected governments, businesses, and individuals.
<b>Contagious</b>	The ability of a biological agent to be transmitted from one person to another or from a living disease vector to humans



Term	Description
<b>Crisis management</b>	Measures to resolve the hostile situation, investigate, and prepare a criminal case for prosecution under Federal law
<b>Culture</b>	A population of microorganisms grown in a medium
<b>Cutaneous</b>	Pertaining to the skin
<b>Decontamination</b>	The process of making any person, object, or area safe by absorbing, destroying, neutralizing, making harmless, or removing the hazardous material
<b>Endotoxin</b>	A toxin contained in the cell walls of some microorganisms, especially Gram-positive bacteria, that is released when the bacterium dies and is broken down in the body
<b>Eubacterium</b>	A genus of Gram-positive anaerobic rod-shaped bacteria normally found in soil and water. The organisms are also found in the skin and body cavities of humans and other mammals, where they may cause soft-tissue infections.
<b>Exotoxin</b>	A toxin secreted or excreted by a living microorganism
<b>Fungi</b>	Any group of plants mainly characterized by the absence of chlorophyll, the green-colored compound found in other plants. Fungi range from microscopic single-celled plant (e.g., mold and mildews) to large plants (e.g., mushrooms).
<b>Gram stain</b>	The method of staining microorganisms using a violet stain, followed by an iodine solution; decolorizing with an alcohol or acetone solution; and counterstaining with safranin. The retention of either the violet color of the stain or the pink color of the counterstain is a primary means of identifying and classifying bacteria. Gram-positive organisms retain the stain and are penicillin sensitive.
<b>Host</b>	An animal or plant that harbors or nourishes another organism
<b>IDLH</b>	Concentrations immediately dangerous to life and health
<b>Incubation period</b>	The time between exposure and the appearance of symptoms. This time period is governed by a range of factors, including the initial dose, virulence, route of entry, rate of replication, and immunological variables.
<b>Infectious agents</b>	Biological agents capable of reproducing in an infected host
<b>Infectivity</b>	<ol style="list-style-type: none"><li>1. The ability of an organism to spread</li><li>2. The number of organisms required to cause an infection to secondary hosts</li><li>3. The capability of an organism to spread out from the site of infection and cause disease in the host organism</li></ol> <p>Infectivity can also be viewed as the number of organisms required to cause an infection.</p>
<b>Level A protection</b>	The level of protective equipment in situations where the material is considered acutely vapor toxic to the skin and hazards are unknown. Full encapsulation, airtight chemical suit with self-contained breathing apparatus (SCBA) or supplied-air breathing apparatus (SABA)
<b>Level B protection</b>	The level of protective equipment in situations where the environment is not considered acutely vapor toxic to skin but may cause respiratory effects. Chemical splash suit or full coverage, nonairtight chemical suit with SCBA or SABA
<b>Level C protection</b>	The level of protective equipment required to prevent respiratory exposure but not to exclude possible skin contact. Chemical splash suit with cartridge respirator



Term	Description
<b>Level D protection</b>	The level of protective equipment required when the atmosphere contains no known hazard, when splashes, immersions, inhalation, or contact with hazardous levels of any chemical are precluded. Work uniform such as coveralls, boots, leather gloves, and hard hat
<b>Methods of dissemination</b>	Refers to the range of technologies and platforms that are available or that can be produced to deliver biological agents into the atmosphere
<b>Microorganism</b>	Any organism—such as bacteria, rickettsia, virii, and some fungi—that can be seen only with a microscope
<b>Mycotoxin</b>	A nonprotein toxin produced by fungi
<b>Organism</b>	Any individual living thing, whether animal or plant
<b>PAPR</b>	Powered air-purifying respirator
<b>Parasite</b>	Any organism that lives in or on another organism without providing benefit in return
<b>Pathogen</b>	Any organism (usually living) capable of producing serious disease or death such as bacteria, fungi, rickettsia, and viruses
<b>Pathogenic agent</b>	Biological agents capable of causing serious diseases
<b>Pathogenicity</b>	Reflects the ability of an infectious agent to cause disease in a host once the requisite number of microorganisms penetrates the body to initiate infection. An infectious agent must then multiply to cause disease.
<b>Percutaneous agent</b>	Agents able to be absorbed through the body
<b>Reconnaissance</b>	A primary survey to gather information
<b>Rhinorrhea</b>	A runny nose
<b>Rickettsia</b>	Any of a family ( <i>Rickettsiaceae</i> ) of pleomorphic, rod-shaped, nonfilterable microorganisms that cause various diseases (e.g., Q fever, typhus, or Rocky Mountain spotted fever). Rickettsial agents are not infective and are usually transmitted from person to person via vectors (e.g., insects or infected rodents).
<b>SABA</b>	Supplied-air breathing apparatus
<b>SCBA</b>	Self-contained breathing apparatus
<b>Spore</b>	A reproductive form some microorganisms can take to become resistant to environmental conditions, such as extreme heat or cold, while in a “resting phase”
<b>Stability</b>	The ability of a biological agent to remain viable either in storage or when released into the atmosphere. A broad range of variables regulates agent stability. In particular, many biological agents are extremely sensitive to environmental pressures, including temperature, atmospheric pollution, humidity, moisture, and ultraviolet radiation. Meteorological factors such as diffusion constraints and wind speed and direction will also determine the success of a biological agent release.
<b>Terrorism</b>	A violent act or an act dangerous to human life, in violation of the criminal laws of the United States or any segment, to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives (U.S. Department of Justice)
<b>Toxicity</b>	A measure of the harmful effect produced by a given amount of toxin on a living organism. The relative toxicity of an agent can be expressed in milligrams of toxin needed per kilogram of body weight to kill experimental animals.
<b>Transmissibility</b>	The ability of a particular biological agent to be passed between organisms



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Term	Description
<b>Triage</b>	Sorting; a technique of establishing rescues, decontamination, treatment, and transportation priorities in any event where the number of casualties overwhelm the resources of the emergency response organizations
<b>Vaccine</b>	A preparation of killed or weakened microorganism products used to artificially induce immunity against a disease
<b>Virulence</b>	The relative severity of the disease produced by a particular biological agent. Different microorganisms and strains of the same microorganism may cause diseases of varying severity.
<b>Virus</b>	An infectious microorganism that exists as a particle rather than as a complete cell. Particle sizes range from 200 to 400 nanometers (1 billionth of a meter). Viruses are not capable of reproducing outside a host cell.
<b>Wheal</b>	An acute swelling of the skin. This condition is common to a bee sting.



[PROTECTIVE MARKING]

# HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM (HSEEP)

## DOCUMENT TITLE

[Full Exercise Name]

Insert Jurisdiction  
Logo Here

Exercise Date: MM/DD/YY

Publishing Date: MM/DD/YY

[Final or Draft]

[PROTECTIVE MARKING]



# DOCUMENT TITLE

Document Text

NATIONAL EXERCISE PROGRAM

# DOCUMENT TITLE

[FULL EXERCISE NAME]



FEMA

Exercise Date: MM/DD/YY

Publishing Date: MM/DD/YY

For Official Use Only

DOCUMENT TITLE

Document Text

## PUBLIC INFORMATION/MEDIA RELEASE

[Date]

*[Note: The Public Information/Media Release should provide an overview of the exercise and should be disseminated to participants, observers, and/or the media before exercise conduct.]*

### Introduction

[Agency/jurisdiction]'s exercise is a [exercise type]. [Provide description of exercise type and activities.] This exercise will focus primarily on preparing emergency responders to effectively respond to [scenario].

As part of the exercise, the [agency/jurisdiction]'s response to the incident will be examined as well as its interaction with other agencies and assets that will respond. Evaluators will offer comments, which will be compiled in an After Action Report and Improvement Plan with recommendations for future training, equipment, and response procedures.

### Exercise Focus

The purpose of this exercise is to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities for responding to a [scenario]. The exercise will focus on key local emergency responder coordination, critical decisions, and integration of the State and Federal assets necessary to save lives and protect the public following a [scenario].

Objectives of the exercise are focused on improving an understanding of a [mission] concept, identifying opportunities or problems, and/or achieving a change in attitude. Process and decisionmaking are more important than minute details. Emphasis is on coordination, integration of capabilities, problem identification, and resolution.

Decisionmakers and responders from agencies across the community will be at the exercise, including some with whom you may not be as familiar. This is a great opportunity to meet colleagues in your community.

At the exercise, attendees will comprise several groups:

- *Players* respond to the situation presented based on expert knowledge of response plans and procedures in place in their community or agency as well as insights derived from training. Participants will be seated at the various functional group discussion tables. Participants are encouraged to move among the tables periodically to encourage information sharing and communication between agencies.
- *Observers* support the functional groups as they develop responses to the situation in the caucus sessions. Observers are free to migrate among the tables during the discussion period to observe responses or lend particular expertise. However, they do not participate in the moderated discussion period.

- *Facilitators* provide situation updates and moderate discussions. They also provide additional information or resolve questions, as required. Facilitators do not evaluate or direct your response.

## Exercise Specifics

[Describe how the exercise conduct will be organized, including discussion group divisions.]

The following are examples and will be determined based on the type and scope of the exercise as well as the scenario:

- [List groups]

## Contact Information

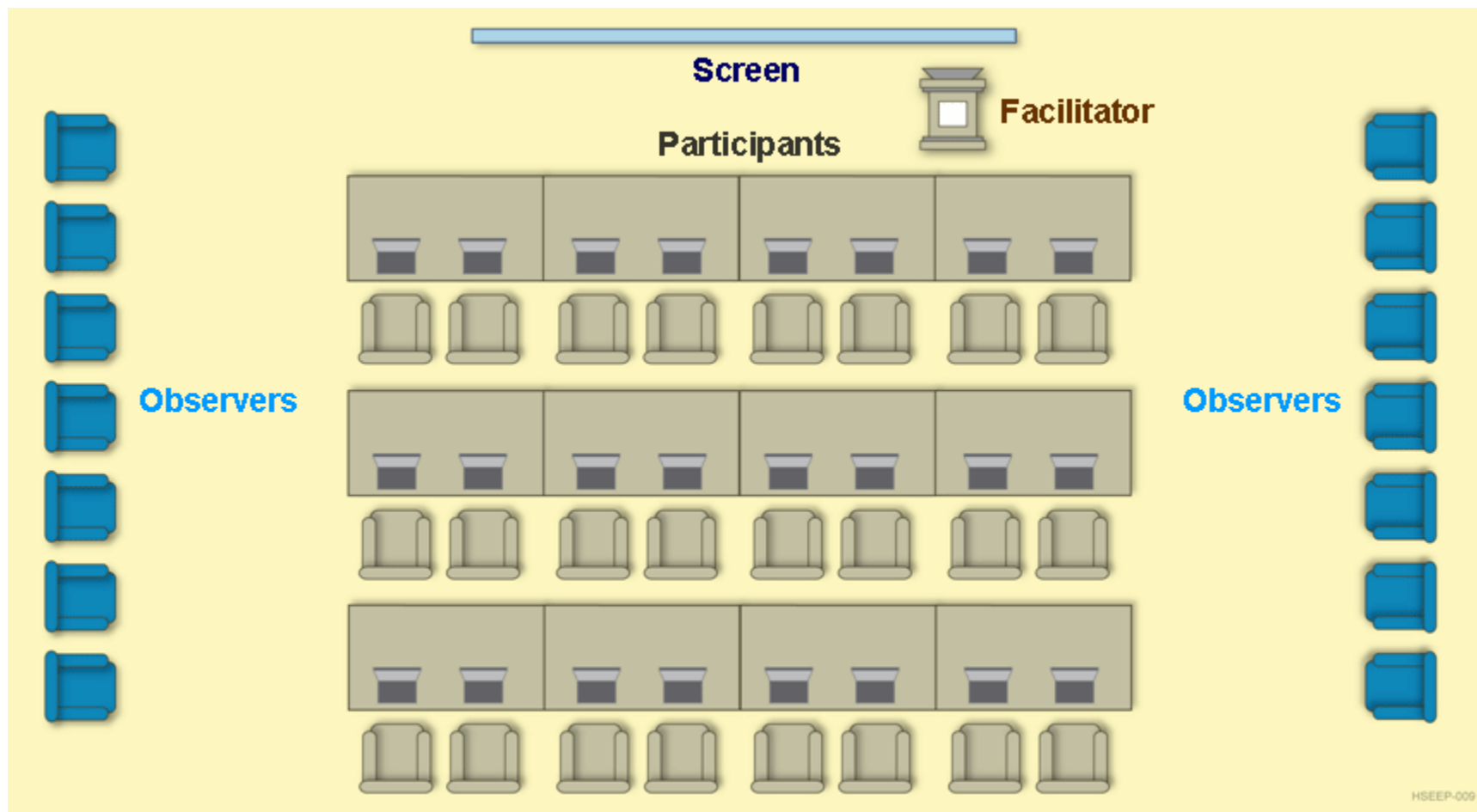
For more information regarding this exercise, please contact [exercise point of contact] at [contact information].



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Homeland Security Exercise and Evaluation Program (HSEEP)  
Exercise Design Guidance  
Example Seminar Room Layout

EXAMPLE SEMINAR ROOM LAYOUT



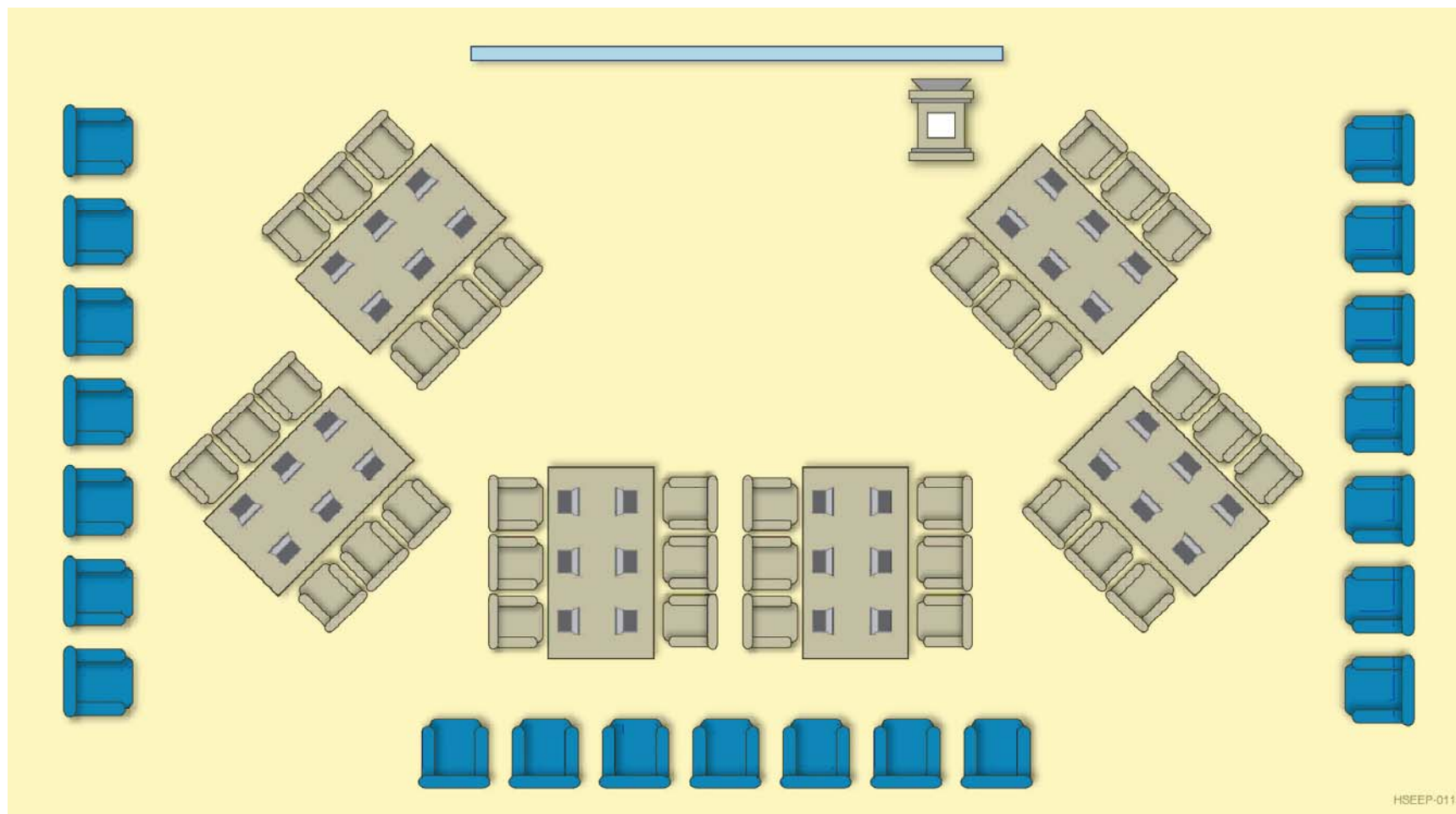


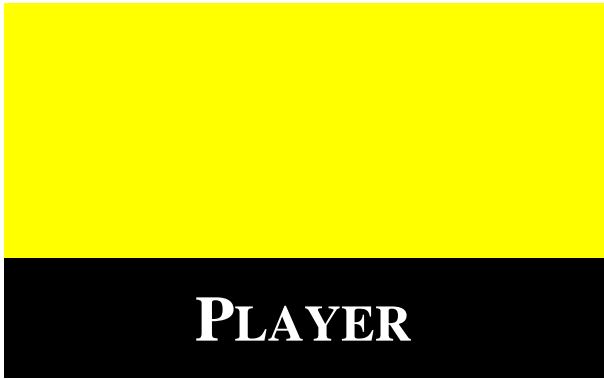
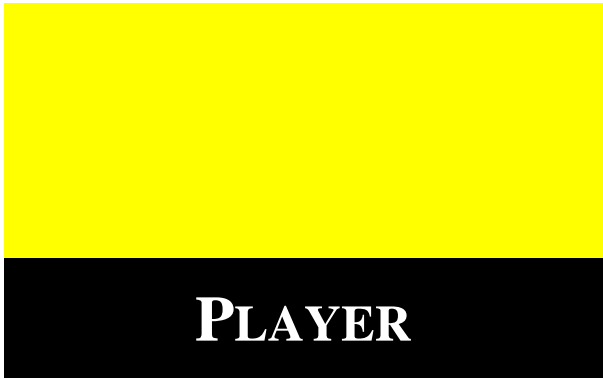


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Homeland Security Exercise and Evaluation Program (HSEEP)  
Exercise Design Guidance  
Example Tabletop Exercise (TTX) Room Layout

## EXAMPLE TABLETOP EXERCISE (TTX) ROOM LAYOUT









Insert your  
Organization's  
Logo Here

# [Fire/HazMat]

## Name:



Insert your  
Organization's  
Logo Here

## Organization:

# [Fire/HazMat]



Insert your  
Organization's  
Logo Here



Insert your  
Organization's  
Logo Here

# [Fire/HazMat]



Insert your  
Organization's  
Logo Here

# Fire/HazMat



Insert your  
Organization's  
Logo Here

# Fire/HazMat



Insert your  
Organization's  
Logo Here

# Law Enforcement



Insert your  
Organization's  
Logo Here

# Law Enforcement



Insert your  
Organization's  
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# Public Health



Insert your  
Organization's  
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# Public Health



Insert your  
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Logo Here

# Medical



Insert your  
Organization's  
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# Medical

# State



Insert your  
Organization's  
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# State



Insert your  
Organization's  
Logo Here



Insert your  
Organization's  
Logo Here

# Federal



Insert your  
Organization's  
Logo Here

# Federal



# Emergency Management



Insert your  
Organization's  
Logo Here



Insert your  
Organization's  
Logo Here

# Emergency Management

# Public Information



Insert your  
Organization's  
Logo Here

# Public Information



Insert your  
Organization's  
Logo Here

[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

### Exercise Invitation

[Exercise Name Continued]

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[Invitee Name]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Date]

Dear [Invitee Name]:

On behalf of [Jurisdiction/Agency], you have been selected to attend the [Exercise Name and Type] being held on [Date], at [Location], located at [Address]. Registration for the exercise begins at [Time]. You have been selected as a [Player, Facilitator, Evaluator]. In order to ensure that adequate arrangements are in place for participants, please RSVP to [Exercise Point of Contact] at [Contact Information].

We anticipate that this exercise will provide an outstanding opportunity to consider possible challenges our community must be prepared to confront in these perilous times. I am confident that you will be as enthusiastic as we are to have this opportunity to challenge ourselves and gain enhanced understanding of our respective missions. I look forward to seeing you at the exercise.

For more information on the details of the exercise, please see the attached information.

Sincerely,

[Agency/Jurisdiction Lead Planner]

Attachments:

Exercise Schedule

Exercise Information Sheet

Observers  
Sign In Here

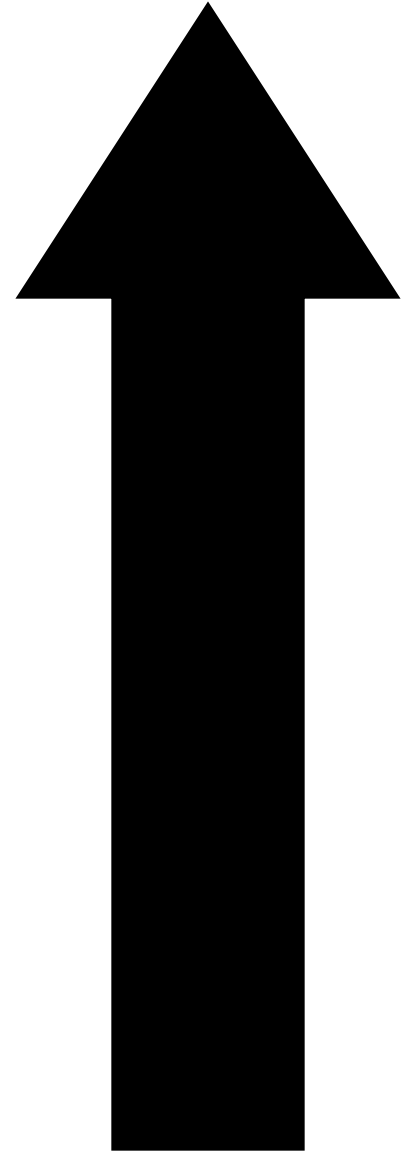
Facilitators  
Sign In Here

Players

Sign In Here

Return  
Badges and  
Materials  
Here

Restrooms





# Restrooms



# Restrooms



## PARTICIPANT FEEDBACK FORM

[This form should be distributed to exercise participants at a postexercise Hot Wash. A summary of the feedback received should be included in the After Action Report (AAR)/Improvement Plan (IP).]

Please enter your responses in the form field or check box after the appropriate selection.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Role:**    Player ☐      Facilitator ☐      Observer ☐      Evaluator ☐

### Part I: Recommendations and Corrective Actions

1. Based on the discussions today and the tasks identified, list the top three strengths and/or areas that need improvement.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. Identify the action steps that should be taken to address the issues identified above. For each action step, indicate if it is a high, medium, or low priority.

Corrective Action	Priority

3. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?

Corrective Action	Recommended Assignment

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

## Participant Feedback Form

[Exercise Name Continued]

Corrective Action	Recommended Assignment

4. List the policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

Item for Review	Priority

## Part II: Assessment of Exercise Design and Conduct

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The exercise was well structured and organized.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
The multimedia presentation helped the participants understand and become engaged in the scenario.	1	2	3	4	5
The facilitator(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics.	1	2	3	4	5
The Situation Manual used during the exercise was a valuable tool throughout the exercise.	1	2	3	4	5
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5

## Homeland Security Exercise and Evaluation Program (HSEEP)

### Part III: Participant Feedback

What changes would you make to this exercise? Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

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[Protective Marking]

Homeland Security Exercise and Evaluation Program (HSEEP)

Sign-in Sheet: [Date]

[Full Exercise Name]  
[Exercise Name Continued]

**[EXERCISE NAME] HOT WASH SIGN-IN SHEET**

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

[Section Title]

[Jurisdiction]

## HOT WASH MINUTES

[Hot Wash Date]

### Overview

**Date and Location.** [Jurisdiction] hosted the [Full Name of Exercise] on [Date]. Attendees included representatives from:

- [List Agencies and Organizations]

**Hot Wash.** At the exercise's conclusion, exercise controllers, evaluators, and players from [Functional Area/Agency] met briefly to discuss the exercise. Discussion primarily focused on player expectations, exercise outcomes, and issues for improvement.

### Discussion Points

**Expectations.** Players identified their expectations concerning the exercise:

- [List Expectations]

**Outcomes.** The following positive outcomes of conducting the exercise were identified:

- [List Outcomes]

**Issues.** The following issues were raised by the exercise:

- [List Issues]

**Other.** The planning group also noted the following:

- [List Notes]

## AFTER ACTION CONFERENCE SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail



## AFTER ACTION CONFERENCE AGENDA

[Date]

### I. Introductions and Opening Remarks

### II. Exercise Summary

- a. Scope
- b. Scenario
- c. Objectives

### III. Items Identified

- a. Strengths and Accomplishments
- b. Areas for Improvement

### IV. After Action Report (AAR) Review

### V. Improvement Plan (IP) Development

### VI. Next Steps

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

Evaluator Name: \_\_\_\_\_

Evaluation Assignment: \_\_\_\_\_

Exercise Objectives	[Insert relevant objectives for reference]

Time	Comment/Event	Objective or Capability Reference	Plan Reference

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

Time	Comment/Event	Objective or Capability Reference	Plan Reference

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>

**[Jurisdiction or Agency]**

**[Exercise Name]**

**[Exercise Date]**

**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

Time	Comment/Event	Objective or Capability Reference	Plan Reference



**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>

*[Exercise Name]*

Evaluator Orientation and Briefing



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# Briefing Topics

- Evaluation Methodology Overview
  - Exercise Evaluation Guide (EEG) Concept
- Evaluation Process
  - Evaluator Responsibilities
- Assessment, Review, and Analysis of the Exercise



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# Evaluation Methodology Overview



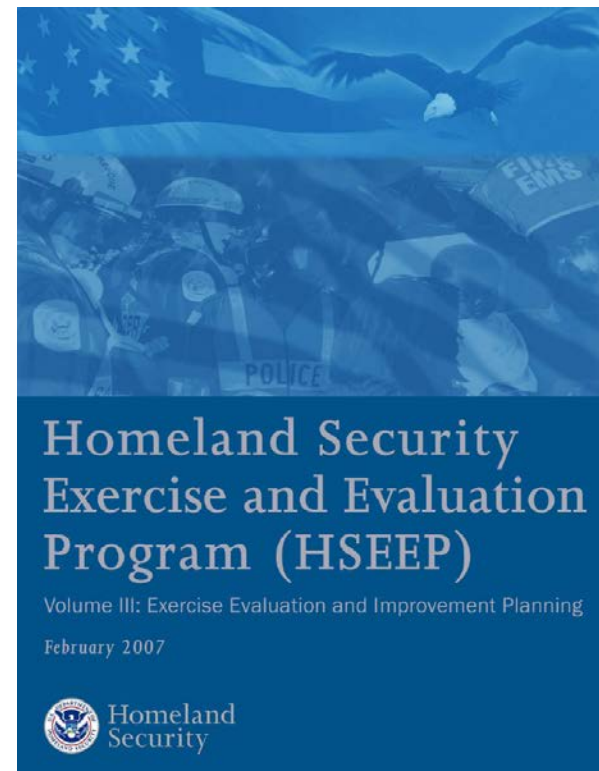
**FEMA**

# Evaluation Goals

- Validate strengths, and identify improvement opportunities.
- Validate plans, procedures, and protocols.
- Improve processes and plans.
- Determine level of capability in regard to the exercise's target capabilities.

# EEG Concept

- The Homeland Security Exercise and Evaluation Program (HSEEP) Volume III provides evaluation and improvement planning policy.
- Evaluations should be objective-based to remain in line with:
  - National Preparedness Goal
  - Target Capabilities List (TCL)
  - Jurisdiction and agency plans
- HSEEP EEG templates provide streamlined process for standardized evaluation *concept*, not necessarily *content*.



# EEG Concept (cont'd)

- Capability-based approach relies on similar activities to achieve a capability.
- Activities are achieved through successful completion of tactical tasks.
- Task detail should come from actual plan being exercised.

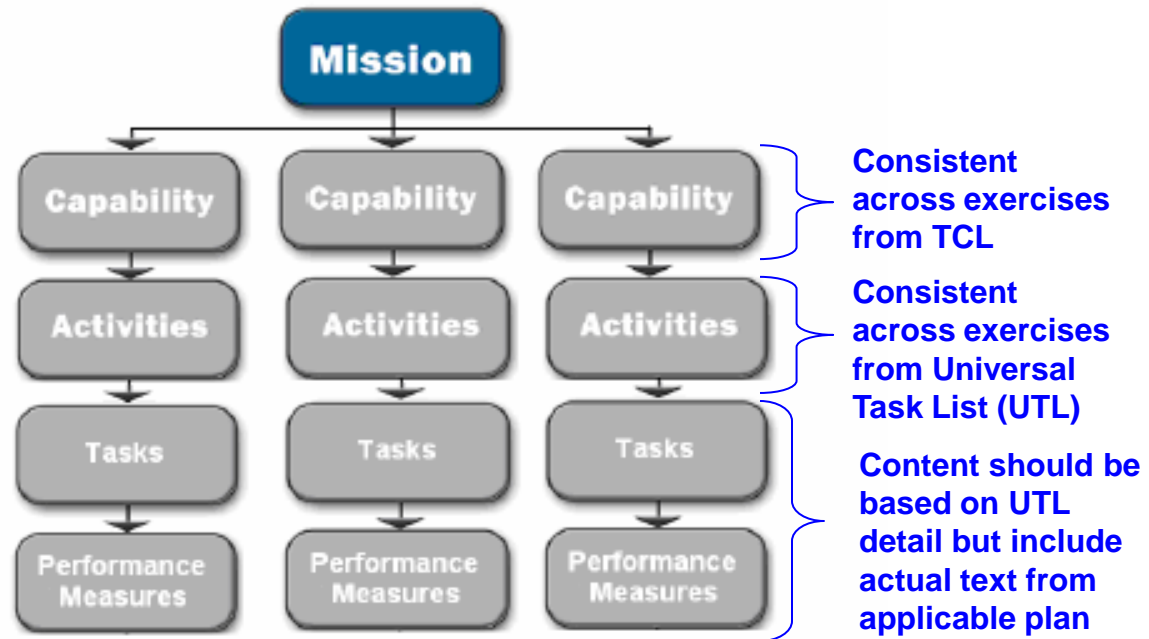


Figure 1-1: Levels of criteria for analysis



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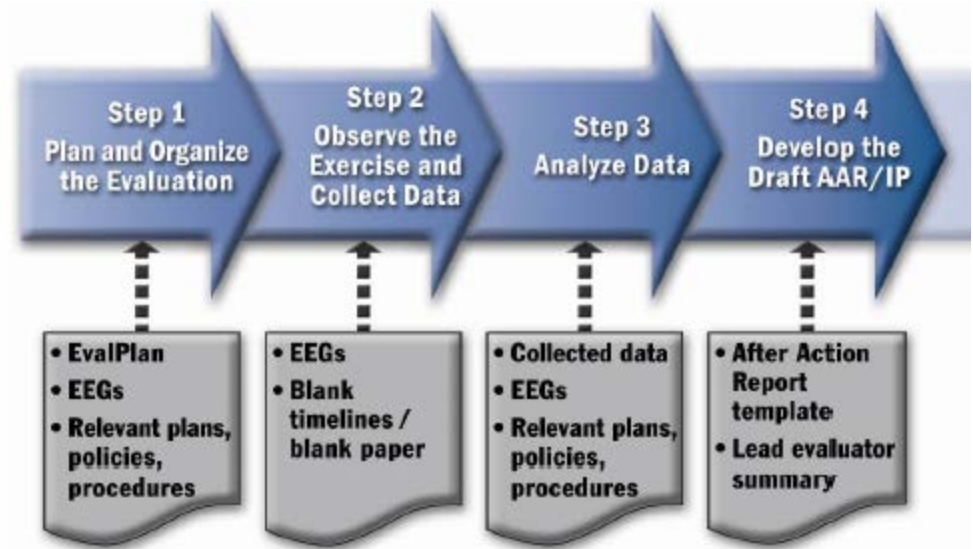
# EEG Function

- Allows evaluators to review validation of plan elements
  - Plans used will depend on participating agencies
- Includes direct references to plan sections, tables, and charts
  - Allows evaluators to better prepare for exercise
  - Provides detail for what will be expected of players
- Remains focused on exercise objectives as they relate to the selected target capability



# Use of EEGs

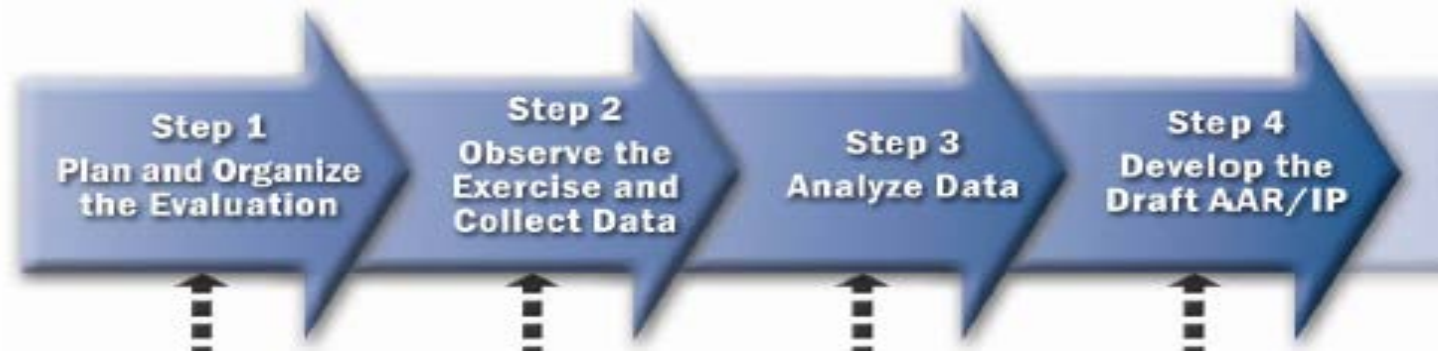
- Evaluation team should use EEGs in conjunction with full plans to prepare.
- Use EEGs as guides for observation, but do not focus on completing them during the exercise.
- Use EEGs for data analysis after exercise and in preparation for the evaluator debriefing.
- Use measured results to make actionable improvement recommendations within the After Action Report (AAR)/Improvement Plan (IP).



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# Use of Evaluation Tools

## HSEEP Methodology Steps



## Evaluation Tools

## Timeline

Exercise objectives, actual plans and procedures	Evaluator log	EEG analysis sheet	AAR data input form
Through Final Planning Conference (FPC) planning	During exercise	Controller/ Evaluator (C/E) Debriefing	Postexercise, before AAR draft development



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# Evaluator Notes and Data

- Evaluators should capture player discussions, decisions, actions, and activity during exercise play.
- The EEGs provided should serve as guides for documentation of exercise activity.

# EEG Analysis Form

- Each evaluator will be provided with EEGs that will give specific guidance on what data to collect during the exercise, how to record it, and how to analyze it.
- These forms should be completed at the conclusion of the exercise, using data gathered during the exercise.

Evaluator Name: \_\_\_\_\_  
 Phone/E-Mail: \_\_\_\_\_

Explosive Device Response Operations	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Develop and Maintain Plans, Procedures, Programs, and Systems

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop, distribute, and maintain National Guidelines for Bomb Technicians.		
[Name, Pg/Sec#]	Develop effective procedures and programs, including standardized training to counter terrorist events, employing weapons of mass destruction (WMD), suicide bombers, vehicle-borne improvised explosive devices (VBIEDs), and radio-controlled improvised explosive devices (RCIEDs).		
[Name, Pg/Sec#]	Maintain programs to ensure public safety bomb technicians are certified and recertified by the Federal Bureau of Investigation (FBI) Hazardous Devices School (HDS).		
[Name, Pg/Sec#]	Maintain programs to ensure all public safety bomb squads remain accredited by the FBI according to National Guidelines for Bomb Technicians.		
[Name, Pg/Sec#]	Develop and maintain plans that coordinate explosive device response in multijurisdictional areas that protect critical infrastructure and key resources from terrorist threats.		



# EEG AAR Data Input Form

- Each EEG will include a second form to be completed following the C/E Debriefing.
- This form will serve as an expansion to the notes captured in the EEG analysis form, including an area to provide recommendations.
- Evaluators should complete one AAR input form for each identified strength or area for improvement.

[EXERCISE NAME] [EXERCISE DATE] Operations-Based Exercise Evaluation Guide (EEG) After Action Report (AAR) Input Form	
Capability	
Activity	
Observation	<i>[Insert a short, complete sentence that describes the general observation. Then select from the lists below whether the observation is a strength or an area for improvement. A strength is an observed action, behavior, procedure, and/or practice that is worthy of recognition and special notice. Areas for improvement are those areas in which the evaluator observed that a necessary task was not performed or that a task was performed with notable problems. Lastly, identify the capability element that this observation falls under.]</i>
<input type="checkbox"/> Noted Strength	<input type="checkbox"/> Area for Improvement
Capability Element	
<input type="checkbox"/> Equipment <input type="checkbox"/> Organization <input type="checkbox"/> Personnel	<input type="checkbox"/> Planning <input type="checkbox"/> Process <input type="checkbox"/> Training
References (Standards, Policies, or Plans)	<i>[List relevant plans, policies, procedures, laws, and/or regulations, or sections of these plans, policies, procedures, laws, and/or regulations. If no references apply to the observation, it is acceptable to list "N/A" or "Not Applicable."]</i> 1. 2. 3.
Analysis	<i>[Include a description of the behavior or actions at the core of the observation, as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.]</i>
Recommendations	<i>[Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength without corresponding recommendations, insert "None."]</i> 1. 2. 3.



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# After Action Report (AAR)/Improvement Plan (IP)

- Data from the EEGs and debriefing will be compiled into the AAR/IP.
- The AAR/IP will include assessments for each capability observed as well as issues and recommendations.
- AAR/IP data will be entered into the Corrective Action Program (CAP) System.

**"Customize this template based on objectives to meet exercise needs"**  
**(Customize Now!)**

**Explosion Device Response Objectives**  
**Exclusion-Based Training Evaluation Score (EBES) Analysis Form**

Evaluator Name: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_

<b>Explosion Device Response Objectives</b>	
<b>Performance Objective Objectives</b>	

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan	Task	Task Discussed	Task Completed
Plan [Y/N]	Develop, distribute, and maintain training Guidelines for Bomb Techniques.		
Plan [Y/N]	Develop effective procedures and programs, including standardized training to counter terrorist attacks, improving response of arrestable personnel (ARPs), include training in the use of explosives, and the use of explosives and radio-controlled improvised explosive device (RCIED).		
Plan [Y/N]	Master programs to ensure public safety: bomb technicians are certified and recertified by the Federal Bureau of Investigation (FBI) Recertification Course (ARC).		
Plan [Y/N]	Master programs to ensure public safety: bomb squads are recertified by the FBI according to National Guidelines for Bomb Techniques.		
Plan [Y/N]	Develop and maintain plans that coordinate explosive device detection and investigation with law enforcement, public safety and any resources from terrorist forces.		

[illegible][illegible]

**→ CAP System**



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# Evaluation Process



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# Evaluator Responsibilities

- Understand the exercise concept and scenario.
- Collect information.
- Make observations on player discussions, knowledge, and intended impact of decisions.
- Analyze actions and develop post exercise AAR/IP input.



# Preexercise Responsibilities

- Review appropriate plans, procedures, and protocols.
- Participate in C/E Briefing.
- Review appropriate exercise materials to be familiar with scenario, objectives, and target capabilities.
- Review EEGs and other supporting materials for your area of responsibility.



# Exercise Responsibilities

- Monitor and document player performance.
- Use EEGs to confirm objectives are being met.
- Focus on critical tasks, as specified in the EEGs and plans being exercised.
- Do not prompt players or interfere with exercise play.



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# Evaluator Guidelines

At the start of the exercise, evaluators should:

- Position themselves to appropriately hear discussions
- Be prepared to move between break out groups if necessary to follow various discussions

Evaluators should not:

- Focus solely on individuals
- Interfere with exercise discussion or action



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# Observing the Exercise

Evaluators must keep an accurate written record of important issues that take place during the exercise:

- Were participants knowledgeable of plans and procedures to meet exercise objectives?
- Did discussions validate that operations would occur in accordance with plans and procedures?
- Did participants validate that sufficient personnel are equipped, trained, and assigned to perform tasks?



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# Recording Important Events

- Evaluators should record events such as:
  - Discussed actions of players
  - Key decisions
  - Discussions that denote deviations from plans and procedures
  - Player discussion of key movements and activities
  -



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# Assessment, Review, and Analysis of the Exercise



**FEMA**

# Postexercise Analysis Responsibilities

- Participate in the Hot Wash, and take notes on findings identified by players.
- Summarize your notes and prepare for the C/E Debriefing.
- Have your summary ready for the lead evaluator, including bulleted strengths and areas for improvement from activity analysis.
- Use data to determine whether the exercise capabilities and plans were effectively implemented.
  - Identify observations as strengths or areas for improvement.



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# Player Hot Wash

- Allows players to participate in a self-assessment of the exercise play.
- Allows evaluators to clarify additional points and collect missing information.



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# Controller and Evaluator (C/E) Debriefing

- Work to complete EEG analysis forms for submission.
- Discuss degree to which each objective was completed.
- Provide strengths, best practices, lessons learned, and possible IP recommendations.
- Begin outlining issues to be included in AAR/IP on AAR data input forms.

# AAR/IP Input

- Use the EEG AAR data input form.
- Complete one form for each strength and area for improvement.
  - **Observation.** Write a one-sentence statement that identifies the strength or area for improvement as noted in the activity analysis tables.
  - **References.** Reference relevant plans, policies, procedures, laws, or regulations that could be used to facilitate implementing recommendations for improvement or capturing strengths.
  - **Analysis.** Document detailed data on what you observed during the exercise specific to this individual observation.
  - **Recommendations.** Suggest steps to allow the participants to further improve the plans or share strengths.
- All AAR input is due to *[lead evaluator]* no later than *[date]*.



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# Evaluation Matrix

	Objective Met	Objective <u>Not</u> Met
<b>Players followed plan procedures</b>	<i>Plan works</i> <i>Document best practices and strengths</i>	<i>Capture why plan didn't work</i> <i>Document how to improve relevant plan elements</i>
<b>Players did not follow plan procedures</b>	<i>Capture how objective was met</i> <i>Recommend successful actions and procedures be included in plan rewrite</i>	<i>Capture why plan was not used</i> <i>May require plan training and familiarization</i>



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# Questions/Discussion



**FEMA**



**FEMA**

[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Draft AAR Transmittal Letter to FEMA**

**[Full Exercise Name]**

**[Exercise Name Continued]**

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[FEMA Exercise Manager]

Federal Emergency Management Agency

810 Seventh Street, NW

Washington, DC 20531

[Date]

Dear [FEMA Exercise Manager]:

In accordance with [Fiscal Year] Homeland Security Grant Program Guidance, we have enclosed the draft version of the After Action Report (AAR) from the [Exercise Name and Type] conducted in [Agency/Jurisdiction] on [Exercise Date]. Please review the draft AAR and contact us with any comments you may have so that we can address them before the After Action Conference.

If you have any questions or comments, please contact [Exercise POC] at [Contact Information].

Sincerely,

[State Exercise Program Manager]

[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Draft AAR Transmittal Letter to State**

**[Full Exercise Name]**

**[Exercise Name Continued]**

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[State Exercise Program Manager]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Date]

Dear [State Exercise Program Manager]:

Please find enclosed the draft version of the After Action Report (AAR) from the [Exercise Name and Type] conducted in [Agency/Jurisdiction] on [Exercise Date]. Please review the draft AAR and contact us with any comments you may have so that we can address them before the After Action Conference.

If you have any questions or comments, please contact [Exercise POC] at [Exercise Point of Contact Information].

Sincerely,

[Agency/Jurisdiction Lead Planner]

[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Final AAR Transmittal Letter to State**

**[Full Exercise Name]**

**[Exercise Name Continued]**

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[State Exercise Program Manager]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Date]

Dear [State Exercise Program Manager]:

We are pleased to enclose the final After Action Report (AAR)/Improvement Plan (IP) from the [Exercise Name and Type] conducted in [Agency/Jurisdiction] on [Exercise Date]. We appreciate the support you and your planners provided, and we hope our insights are useful in enhancing the preparedness of [State].

If you have any questions, please contact [Exercise POC] at [Exercise Point of Contact Information].

Sincerely,

[Agency/Jurisdiction Lead Planner]



[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Draft AAR Transmittal Letter to FEMA**

**[Full Exercise Name]**

**[Exercise Name Continued]**

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[FEMA Exercise Manager]

Federal Emergency Management Agency

810 Seventh Street, NW

Washington, DC 20531

[Date]

Dear [FEMA Exercise Manager]:

In accordance with [Fiscal Year] Homeland Security Grant Program Guidance, we are pleased to enclose the final After Action Report (AAR)/Improvement Plan (IP) from the [Exercise Name and Type] conducted in [Agency/Jurisdiction] on [Exercise Date]. If you have any questions, please contact [State Exercise Program Manager] at [Contact Information].

Sincerely,

[State Exercise Program Manager]

[Protective Marking]

Homeland Security Exercise and Evaluation Program (HSEEP)  
After Action Report/Improvement Plan (AAR/IP) [Full Exercise Name]  
[Exercise Name Continued]

[Note for After Action Report/Improvement Plan (AAR/IP) Template:

- Text found in this document that is highlighted and bracketed is included to provide instruction or to indicate a location to input text.
- All text that is not highlighted is to be included in the final version of the AAR/IP.]

[FULL EXERCISE NAME]

[Exercise Dates]

# AFTER ACTION REPORT/IMPROVEMENT PLAN

[Publication Date]

[On the cover page, insert additional graphics such as logos, pictures, and background colors as desired. The word “Draft” should be included before the phrase “After Action Report/Improvement Plan” on the cover page and in the header/footer of all versions except the final AAR/IP.]

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[Protective Marking]

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## ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is [complete and formal title of document].
2. The information gathered in this AAR/IP is classified as [For Official Use Only (FOUO)] and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from [agency] is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. Points of Contact: [List all points of contact below.]

[Federal POC:]

Name

Title

Agency

Street Address

City, State ZIP

xxx-xxx-xxxx (office)

xxx-xxx-xxxx (cell)

e-mail

[Exercise Director:]

Name

Title

Agency

Street Address

City, State ZIP

xxx-xxx-xxxx (office)

xxx-xxx-xxxx (cell)

e-mail

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[If an AAR contains graphics, figures, or tables, they should be numbered and listed in the Contents section (e.g. Figure 1, Table 1, etc.).

This page is intentionally blank.

## EXECUTIVE SUMMARY

[When writing the Executive Summary, keep in mind that this section may be the only part of the AAR/IP that some people will read. Introduce this section by stating the full name of the exercise and providing a brief overview of the exercise. This brief overview should discuss why the exercise was conducted; the exercise objectives; and what Target Capabilities List (TCL) capabilities, activities, and scenario(s) were used to achieve those objectives. All of these areas will be discussed in more detail in the subsequent chapters of the AAR/IP. In addition, the Executive Summary may be used to summarize any high-level observations that cut across multiple capabilities.]

The [agency or jurisdiction] [scenario type] [exercise type] exercise [exercise name] was developed to test [agency or jurisdiction]'s [Capability 1], [Capability 2], and [Capability 3] capabilities. The exercise planning team was composed of numerous and diverse agencies, including [list of agencies participating in planning team]. The exercise planning team discussed [include a brief overview of the major issues encountered, discussed, and resolved during the exercise planning process. Topics to address in this section could include the length of the planning process, the reasoning behind the planning team's choice of objectives to exercise, etc.]

Based on the exercise planning team's deliberations, the following objectives were developed for [exercise name]:

- Objective 1: [Insert 1 sentence description of the exercise objective]
- Objective 2: [Insert 1 sentence description of the exercise objective]
- Objective 3: [Insert 1 sentence description of the exercise objective]

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

[In general, the major strengths and primary areas for improvement should be limited to three each to ensure the Executive Summary is high-level and concise.]

### Major Strengths

The major strengths identified during this exercise are as follows:

- [Use complete sentences to describe each major strength.]
- [Additional major strength]
- [Additional major strength]

### Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in [jurisdiction/organization name]'s ability to respond to the incident were identified. The primary areas for improvement,



including recommendations, are as follows:

- [Use complete sentences to state each primary area for improvement and its associated key recommendation(s).]
- [Additional key recommendation]
- [Additional key recommendation]

[End this section by describing the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises conducted by these jurisdictions and/or organizations should focus.]

## SECTION 1: EXERCISE OVERVIEW

[Information in the Exercise Overview should be “structured data”—written as a list rather than in paragraph form—in order to facilitate preparation of other parts of the AAR/IP, maintain consistency within AAR/IPs, and facilitate the analysis of AAR/IPs for program reporting.]

### Exercise Details

#### Exercise Name

[Insert formal name of exercise, which should match the name in the header.]

#### Type of Exercise

[Insert the type of exercise as described in Homeland Security Exercise Evaluation Program Volume I (e.g. seminar, workshop, drill, game, tabletop, functional exercise, or full-scale exercise).]

#### Exercise Start Date

[Insert the month, day, and year that the exercise began.]

#### Exercise End Date

[Insert the month, day, and year that the exercise ended.]

#### Duration

[Insert the total length of the exercise, in day or hours, as appropriate.]

#### Location

[Insert all applicable information regarding the specific location of the exercise; including any city, State, Federal region, international country, or military installation.]

#### Sponsor

[Insert the name of the Federal agency or agencies that sponsored the exercise, as well as any co-sponsors if applicable. Also list any applicable points of contacts.]

#### Program

[Insert the name of the program (e.g. Fiscal Year 2007 State Homeland Security Grant Program) from which exercise funding originated.]

#### Mission

[Insert the appropriate mission areas of the exercise (e.g. Prevent, Protect, Response, and/or Recovery).]

#### Capabilities

[Insert a list of the target capabilities addressed within the exercise.]

#### Scenario Type

[Name the exercise scenario type (e.g. chemical release).]

## Exercise Planning Team Leadership

[The name of each member of the planning team leadership should be listed along with their role in the exercise, organizational affiliation, job title, mailing address, phone number, and e-mail address.]

## Participating Organizations

[Insert a list of the individual participating organizations or agencies, including Federal, State, Tribal, non-governmental organizations (NGOs), local and international agencies, and contract support companies as applicable.]

### Number of Participants

[Insert a list of the total number of each of the following exercise participants, as applicable:

- Players: [#]
- Controllers: [#]
- Evaluators: [#]
- Facilitators: [#]
- Observers: [#]
- Victim Role Players: [#]

## SECTION 2: EXERCISE DESIGN SUMMARY

[The Exercise Design Summary is intended to provide a summary of the exercise design process.]

### Exercise Purpose and Design

[This section should contain a brief (one-to-two paragraph) summation of why the exercise was conducted and what the exercise participants hoped to learn. It should also include a brief history of how the exercise was organized, designed, funded, etc.]

### Exercise Objectives, Capabilities, and Activities

[The purpose of this section is to list exercise objectives and align them with associated capabilities from the Target Capabilities List (TCL). For each TCL capability, there is an Exercise Evaluation Guide (EEG) which lists specific activities which must be performed to demonstrate a capability. In addition to TCL capabilities, the EEG activities relevant to each objective should also be included in this section. Begin this section with the following text.]

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Target Capabilities List (TCL). The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

- **Objective 1:** [Insert a one sentence description of each objective].
  - [Capability Title]: [Activity 1]; [Activity 2]; and [Activity 3].
  - [Capability Title]: [Activity 1]; [Activity 2]; and [Activity 3].

### Scenario Summary

[For an operations-based exercise, this section should summarize the scenario or situation initially presented to players, subsequent key events introduced into play, and the time in which these events occurred. For a discussion-based exercise, this section should outline the scenario used and/or modules presented to participants.]

## SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of [full exercise name] are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

[The format for Chapter 3, as described above, represents the preferred order for analysis of exercise observations. However, observations that are cross-cutting and do not apply to one, specific activity within the capability should be listed first, directly under the capability summary. Below the cross-cutting observations, you may then present the complete list of activities which apply to the observation.]

### Capability 1: [Capability Name]

**Capability Summary:** [Include a detailed overview of the capability, drawn from the TCL capability description, and a description of how the capability was performed during an operations-based exercise or addressed during a discussion-based exercise. The exact length of this summary will depend on the scope of the exercise.]

**Activity 1.1:** [Using the EEGs, identify the activity to which the observation(s) below pertain.]

**Observation 1.1:** [Begin this section with a heading indicating whether the observation is a “Strength” or an “Area for Improvement.” A strength is an observed action, behavior, procedure, and/or practice that is worthy of recognition and special notice. Areas for improvement are those areas in which the evaluator observed that a necessary task was not performed or that a task was performed with notable problems. Following this heading, insert a short, complete sentence that describes the general observation.]

**References:** [List relevant plans, policies, procedures, laws, and/or regulations, or sections of these plans, policies, procedures, laws, and/or regulations. If no references apply to the observation, it is acceptable to simply list “N/A” or “Not Applicable.”]

1. [Name of the task and the applicable plans, policies, procedures, laws, and/or regulations and 1-2 sentences describing their relation to the task]
2. [Name of the task and the applicable plans, policies, procedures, laws, and/or regulations and 1-2 sentences describing their relation to the task]
3. [Name of the task and the applicable plans, policies, procedures, laws, and/or regulations and 1-2 sentences describing their relation to the task]

**Analysis:** [The analysis section should be the most detailed section of Chapter 3. Include a description of the behavior or actions at the core of the observation, as well as a

brief description of what happened and the consequence(s) (positive or negative) of the action or behavior. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root-causes contributing to the shortcoming must be identified.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert "None.]"

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

[Continue to add additional observations, references, analyses, and recommendations for each capability as necessary. Maintain numbering convention to allow for easy reference.]

## SECTION 4: CONCLUSION

[This section is a conclusion for the entire document. It provides an overall summary to the report. It should include the demonstrated capabilities, lessons learned, major recommendations, and a summary of what steps should be taken to ensure that the concluding results will help to further refine plans, policies, procedures, and training for this type of incident.]

Subheadings are not necessary and the level of detail in this section does not need to be as comprehensive as that in the Executive Summary.]

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for [identify the State, county, jurisdiction, etc., as applicable] as a result of [full exercise name] conducted on [date of exercise]. These recommendations draw on both the After Action Report and the After Action Conference. [The IP should include the key recommendations and corrective actions identified in *Chapter 3: Analysis of Capabilities*, the After Action Conference, and the EEGs. The IP has been formatted to align with the *Corrective Action Program System*.]

Table A.1: Improvement Plan Matrix

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
[Capability 1: Capability Name]	1. Observation 1	1.1 Insert Recommendation 1	1.1.1 Insert Corrective Action 1	Planning	State X EMA	EMA Director	Dec 1, 2006	Sep 1, 2007
			1.1.2 Insert Corrective Action 2	Planning	State X EMS System	EMS System Director	Dec 1, 2006	Feb 1, 2007
		1.2 Insert Recommendation 2	1.2.1 Insert Corrective Action 1	Training	State X EMA	EMA Director	Dec 1, 2006	Jan 1, 2007
			1.2.2 Insert Corrective Action 2	Systems/ Equipment	State X EMA	EMA Director	Dec 1, 2006	Mar 15, 2007
	2. Observation 2	2.1 Insert Recommendation 1	2.1.1 Insert Corrective Action 1	Planning	State X EMS System	EMS System Director	Dec 1, 2006	Jan 15, 2007
			2.1.2 Insert Corrective Action 2	Systems/ Equipment	State X EMA	EMA Director	Dec 1, 2006	Jan 1, 2007



## APPENDIX B: LESSONS LEARNED

While the After Action Report/Improvement Plan includes recommendations which support development of specific post-exercise corrective actions, exercises may also reveal lessons learned which can be shared with the broader homeland security audience. The Department of Homeland Security (DHS) maintains the *Lessons Learned Information Sharing* (LLIS.gov) system as a means of sharing post-exercise lessons learned with the emergency response community. This appendix provides jurisdictions and organizations with an opportunity to nominate lessons learned from exercises for sharing on *LLIS.gov*.

For reference, the following are the categories and definitions used in *LLIS.gov*:

- **Lesson Learned:** Knowledge and experience, positive or negative, derived from actual incidents, such as the 9/11 attacks and Hurricane Katrina, as well as those derived from observations and historical study of operations, training, and exercises.
- **Best Practices:** Exemplary, peer-validated techniques, procedures, good ideas, or solutions that work and are solidly grounded in actual operations, training, and exercise experience.
- **Good Stories:** Exemplary, but non-peer-validated, initiatives (implemented by various jurisdictions) that have shown success in their specific environments and that may provide useful information to other communities and organizations.
- **Practice Note:** A brief description of innovative practices, procedures, methods, programs, or tactics that an organization uses to adapt to changing conditions or to overcome an obstacle or challenge.

### Exercise Lessons Learned

[Insert an account of any observations nominated for inclusion in the DHS *LLIS.gov* system. If there are not any nominations, a simple statement to that effect should be included here.]

[Optional]

## APPENDIX C: PARTICIPANT FEEDBACK SUMMARY

[Appendix C of the AAR/IP should provide a summary of the feedback received through this form.]

## APPENDIX D: EXERCISE EVENTS SUMMARY TABLE

[In formulating its analysis, the evaluation team may assemble a timeline of key exercise events. While it is not necessary to include this timeline in the main body of the AAR/IP, the evaluation team may find value in including it as an appendix. If so, this section should summarize what actually happened during the exercise in a timeline table format. Focus of this section is on what inputs were actually presented to the players and what actions the players took during the exercise. Successful development of this section is aided by the design, development, and planning actions of the exercise design team. Prior to the exercise, the exercise design team should have developed a timeline of anticipated key events.]

[An example of the format for the Exercise Events Summary Table is presented below.]

**Table D.1: Exercise Events Summary**

Date	Time	Scenario Event, Simulated Player Inject, Player Action	Event/Action
02/20/06	0900	Scenario Event	Explosion and injuries reported at subway station 13
02/20/06	0902	Player Action	Subway services stopped in accordance with protocols; notifications started
02/20/06	0915	Player Action	Evacuation ordered for planning zone 2A
02/20/06	0940	Simulated Player Inject	Traffic at a standstill on major egress route 1 reported to players (Response generated issue because personnel to staff traffic control points were not deployed)

## APPENDIX E: PERFORMANCE RATING

[When a jurisdiction/organization elects to use performance ratings, or when initiatives require a rating within the AAR/IP, the following approach can be used. A qualitative performance rating is assigned to each activity demonstrated within its capability area. The performance rating is based on a systemic review by the lead evaluator of exercise performance based on evaluator analysis of how well the participants demonstrated the capability outcome. The results should be summarized within this appendix and should be based on the supporting narrative contained within the body of the AAR/IP.]

The performance rating categories refer to how well each activity was performed during the exercise and are detailed in the table below.

**Table E.1: Performance Ratings**

Rating	Description
Performed without Challenges	The performance measures and tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Performed with Some Challenges, but Adequately	The performance measures and tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
Performed with Major Challenges	The performance measures and tasks associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or, was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Unable to be Performed	The performance measures and tasks associated with the activity were not performed in a manner that achieved the objective(s).

## APPENDIX F: ACRONYMS

[Any acronym used in the AAR should be listed alphabetically and spelled out.]

**Table F.1:** *Acronyms*

Acronym	Meaning




### Introduction

The Homeland Security Exercise and Evaluation Program (HSEEP) library contains templates for exercise planners to use in developing Exercise Evaluation Guides (EEGs) for specific exercises. These templates are Microsoft Word documents and are based on the Target Capabilities List (TCL) version 2.0. This job aid will help exercise design teams use the templates to develop EEGs specific to individual exercise needs. The National Exercise Division (NED) recommends that design teams remove data that is not relevant to the exercise and edit the remaining content to allow better evaluation of exercise objectives. This job aid focuses on development of the Discussion-Based EEG template.

### Selecting EEG Templates

During the initial design of the exercise, the planning team should select the EEG template that corresponds to each target capability chosen for the exercise. The exercise objectives for participating agencies should align with the selected target capabilities and will be used to select the specific activities for evaluation. Once EEG templates are selected, the table at the top of page 1 can be used to cross-walk applicable objectives to the target capability. For example, during an exercise to test response to a major highway hazardous materials (HazMat) incident, the Emergency Operations Center (EOC) Management capability could be linked to more than just the EOC staff's objectives. If Public Works has an objective to discuss protocols for establishing communications with the EOC and exchanging information, the public works objective should be listed.



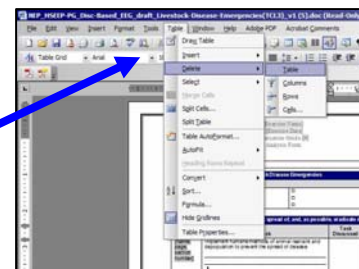
[Exercise Name] [Exercise Date] Emergency Public Information and Warning Discussion-Based Exercise Evaluation Guide Analysis Form			
Evaluator Name: Pete Stachler S. and			
Target Capability: Emergency Public Information and Warning			
Relevant Exercise Objectives			
Objective	Task	Task Discussed	Not Discussed
Identify all pertinent stakeholders across all agencies and incorporate them into the information flow through a readily defined information sharing system			
Develop plans, procedures, and policies for coordinating, managing, and disseminating public information effectively under all hazards and conditions			
Develop plans, procedures, and policies for coordinating, managing, and disseminating information effectively under all hazards and conditions			

The EEG templates consist of two parts: the Analysis Form and the After Action Report (AAR) data input form. The information below explains the best use of the templates to provide evaluators with user-friendly EEGs.

### Analysis Form

#### Selecting Activities

The templates include all of the activities listed in the TCL. The final exercise evaluation of strengths and areas for improvement will be written to the activity level but will be categorized by target capability in the AAR. Based on the objectives listed on the first page of the EEG, the exercise planning team should look at the activities in the EEG template and delete those that do not directly correlate to the exercise objectives.





To remove an activity table, place your cursor anywhere within the table text. On your Word toolbar, select “Table,” “Delete,” and “Table.”<sup>1</sup>

### Activity Table Content

The activity tables use several columns to categorize expected player discussion items for evaluation. Some of the columns are prepopulated with data from the TCL; others are populated by the exercise planning team based on agency-specific plans. The NED recommends that the exercise planning team edit the prepopulated data to better fit jurisdiction or agency plans. The activity table columns include:

#### Plan Reference

This column provides an area for the exercise planning team to provide a reference to the jurisdiction or agency plan that specifically cites the identified task. This reference will help evaluators prepare for the exercise: when they review the EEGs, they can easily find the source of their assigned evaluation in the associated Plan. When the evaluators submit strengths and recommendations for improvement areas, they will have the Plan reference available for AAR input.

#### Tasks

Each row of this column is a tactical task or an element that demonstrates the associated activity. Many of these tasks are generic. The exercise planning team should edit the task so that the EEG captures who, what, and how the task will be accomplished per player discussion.

#### Task Discussed and Not Discussed

These columns are for evaluators to use during the evaluator debriefing when identifying player discussion of specific tasks. These check boxes should remain blank during EEG development. These columns can also be deleted and/or customized per exercise needs.

#### Task Analysis

This area is for evaluators to use when analyzing their task-specific notes and logs following the exercise and should remain blank during EEG development. The template Task Analysis questions focus on finding Root Cause determination based on four specific Capability elements (Personnel, Training, Equipment, and Organization and Leadership). The task analysis questions can be customized to mirror the Facilitator discussion questions in the Exercise Situation Manual, but should still focus on the Root Cause Analysis to meet exercise objectives.

Exercise Name: \_\_\_\_\_  
Exercise Date: \_\_\_\_\_  
Exercise Location: \_\_\_\_\_  
Exercise Type: \_\_\_\_\_  
Exercise Scenario: \_\_\_\_\_  
Exercise Objectives: \_\_\_\_\_  
Exercise Evaluation Guide: \_\_\_\_\_  
Exercise Form: \_\_\_\_\_

Plan Reference	Task	Task Discussed	Task Not Discussed
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		

Exercise Name: \_\_\_\_\_  
Exercise Date: \_\_\_\_\_  
Exercise Location: \_\_\_\_\_  
Exercise Type: \_\_\_\_\_  
Exercise Scenario: \_\_\_\_\_  
Exercise Objectives: \_\_\_\_\_  
Exercise Evaluation Guide: \_\_\_\_\_  
Exercise Form: \_\_\_\_\_

Plan Reference	Task	Task Discussed	Task Not Discussed
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		
Identify all personnel and resources available for the exercise.	Identify all personnel and resources available for the exercise.		

Task Analysis

What is the purpose of this task?

What are the key elements of this task?

What are the potential risks of this task?

What are the potential benefits of this task?

What are the potential challenges of this task?

What are the potential opportunities of this task?

What are the potential threats of this task?

What are the potential impacts of this task?

What are the potential outcomes of this task?

What are the potential lessons learned from this task?

<sup>1</sup> “Table deletion” instructions and screen shot based on MS Word 2003. Individual systems may vary.





### Activity Analysis

This column is for evaluators to use when analyzing their activity-specific notes and logs during the evaluator debriefing and should remain blank during EEG development.

The activity analysis yes/no questions and bullet points should help the evaluator to frame their thoughts for AAR input. The activity analysis bullet points are where the evaluators identify strengths and areas of improvement during the exercise, can be used for the AAR executive summary, and will serve as the observation titles during AAR development. Each strength or area for improvement bullet point will have its own AAR data input form. These columns are left alone during the actual template customization.

The exercise planning team should repeat these design steps for each column of the remaining activity tables in the EEG that correlate to the exercise scope and objectives.

### AAR Data Input Form

To accurately capture evaluator observations and recommended improvement actions, the AAR data input form mirrors the HSEEP AAR/Improvement Plan (IP) format and data fields in the Corrective Action Program (CAP) System. The AAR data input form has directions highlighted in gray for each data field to help evaluators populate the form. The design team should include these instructions as part of evaluator orientation and guidance in the Controller and Evaluator (C/E) Handbook. Once included in the C/E Handbook, the instructions can be deleted from the data input form template so that evaluators have more room to write. The exercise planning team should instruct evaluators to complete one Data Input Form for each strength or area for improvement from the activity analysis section of the Analysis Form. The planning team should also consider having enough copies of the AAR input form for each evaluator if they decide to provide written comments, or e-mail an electronic version for typed comments.

### Header and Footer

In completing the customization, the Evaluation Planning Team should:

- Update the EEG template header with the exercise name and dates (both the AAR Input Form and the Analysis Form)
- Delete the customization reminder note at the top of the header
- Customize footer with appropriate Exercise Program name or Series if applicable



## Evaluator Guidelines and EEG User Guide

The goal of this exercise evaluation is to validate strengths and identify improvement opportunities for the [Plan]. In the [Exercise Name], evaluation will attempt to validate plan contents, procedures, and protocols of participating agencies and determine their level of capability with regard to the exercise target capabilities. Discussion-based validation attempts to answer the following questions:

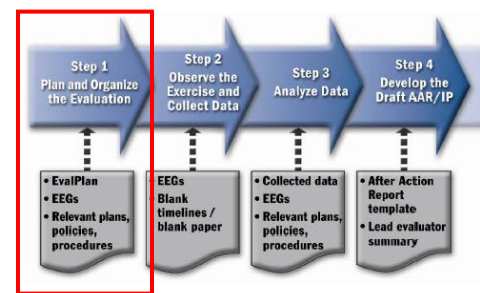
- Are plans, procedures, and protocols established, and were participants knowledgeable of them?
- Are personnel identified to execute and support the plans and procedures?
- Has sufficient training been provided to the identified personnel?
- Is appropriate equipment identified and available for use to execute procedures?

### Evaluation Steps

#### 1. Pre-exercise Preparation

Prior to the exercise, you should be familiar with the exercise objectives, scenario for discussion, key evaluation areas and Exercise Evaluation Guide contents

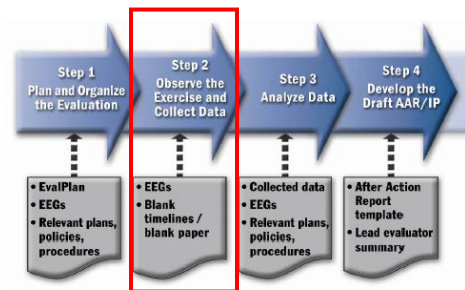
- Review appropriate plans, procedures, and protocols to include the [Plan].
- Attend required evaluator training and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility.



#### 2. Observing the Exercise

During the exercise, you should not focus on filling out the EEG Analysis forms; listen closely to the participants' discussion and take detailed notes relative to your assigned area of evaluation. You should be familiar with the activities and tasks for evaluation, but do not jump ahead to analysis until the exercise has ended. As applicable make references in your notes to applicable exercise objectives or Target Capabilities.

- Do not prompt players with specific responses or interfere with player performance in any way.
- Your primary duty is to document player discussion. After the exercise, that information will be used to determine whether the exercised capabilities and plans were effectively demonstrated and to identify strengths and improvement items.
- Reference EEGs to confirm objectives are being met; advise facilitator if they are not



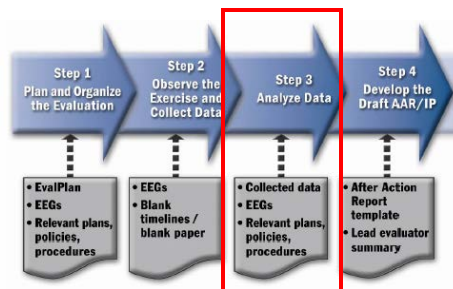
[Jurisdiction or Agency]

[Exercise Name]

[Exercise Date]

### 3. Data Analysis

Following the exercise, you should use your EEG Data Analysis Sheet to help organize your notes in categorized data for the After Action Report. The Analysis Sheet lists all of the critical tasks that should have been discussed, based upon exercise objectives. Similar tasks are grouped within Activity tables. As you complete the forms, you will identify strengths and areas for improvement for each Activity. These bullet points will serve as your observation titles for the After Action Report input. Post exercise as you are conducting your analysis, you should:



- Participate in the Hot Wash, and take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants.
- After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.
- Use data to determine whether the exercise capabilities and plans were effectively implemented or demonstrated.
- Use data to identify Observations as strengths or areas for improvement.

### 4. After Action Report Development

In this step, we take our detailed notes from observing the exercise that we analyzed at the activity level, and provide detailed recommendations for continuous improvement. The After Action Report input form has four major fields that should be completed for each strength or area for improvement.



- Observation – this is a short one sentence statement that identifies the strength or area for improvement as noted in the Activity analysis tables. This field is also followed by check boxes to identify the capability preparedness element that the root cause of this observation falls under
- Reference – This field provides an area to reference Sections of the NVS plan, other State Plans, or industry standards that could be used to facilitate implementing recommendations for improvement or capturing strengths.
- Analysis – This field provides an area to document detailed data on what you observed/overheard during exercise discussion specific to this individual Observation. This is where you will provide the Who, Why and What of the strength or area for improvement based on your notes taken.
- Recommendations – These are suggested steps to allow the NVS Team to further improve the NVS Plan or share strengths with other agencies. Recommendations should be targeted specifically to the individual observation, and the capability element that we determined to be the root cause of the observation.

Do not forget, you should complete one AAR Input form for each bullet from your Activity analysis tables. The exercise planning team will use these input forms to directly build the exercise After Action Report.

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Medical Supplies Management and Distribution	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans for establishing staging areas for internal and external medical response personnel, equipment, and supplies. _____ _____		
[Name, Pg/Sec#]	Establish strategies for transporting materials through restricted areas, quarantine lines, law enforcement checkpoints, and so forth that are agreed upon by all affected parties. _____ _____		
[Name, Pg/Sec#]	Obtain demographic/health-related data to plan for the types of medications, durable medical equipment, or consumable medical supplies that may need to be provided during an event (including supplies needed for populations requiring functional or medical care). _____ _____		
[Name, Pg/Sec#]	In coordination with the appropriate agencies, develop processes for ensuring the distribution of medical supplies to shelters. _____ _____		
[Name, Pg/Sec#]	Establish procedures for billing and reimbursement of the medication/equipment/supplies that are dispensed. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

---

---

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

---

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What key decisions would need to be made? Who would make them?

---

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide training on various types and models of medical supplies likely to be used in an emergency situation through government grants and industry-sponsored workshops.  <hr/> <hr/>		
[Name, Pg/Sec#]	Establish and regularly exercise plans for transporting medical material assets at the Federal, State, local, and private/commercial levels with specific focus on their transfer between various levels or organizations.  <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Direct Medical Supplies Management and Distribution Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide medical supply management and distribution support to incident response operations according to Incident Management Team (IMT) assignments in the incident action plan (IAP). _____ _____		
[Name, Pg/Sec#]	Request Strategic National Stockpile (SNS) assets from the Centers for Disease Control and Prevention (CDC). _____ _____		
[Name, Pg/Sec#]	Coordinate and obtain external resources for sustained operations of medical supplies management and distribution. _____ _____		
[Name, Pg/Sec#]	Maintain communications with transportation vendors during distribution of medical supplies. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate acquisition of private source medical supplies. _____ _____		
[Name, Pg/Sec#]	Coordinate with medical surge operations and the American Association of Blood Banks (AABB) Task Force to identify supply levels at the supporting medical facilities for the incident. _____ _____		
[Name, Pg/Sec#]	Monitor supply usage and stockpile levels of health facilities, mass prophylaxis sites, and other critical care venues. _____ _____		
[Name, Pg/Sec#]	Ensure the timely provision of medical supplies to shelters and mass care and medical facilities. _____ _____		
[Name, Pg/Sec#]	Provide personnel for shelters and mass care and medical facilities. _____ _____		
[Name, Pg/Sec#]	Monitor stockpile levels of medical supplies maintained by private sources. _____ _____		
[Name, Pg/Sec#]	Process and manage requests for additional medical supply personnel or equipment. _____ _____		
[Name, Pg/Sec#]	Provide logistics support for medical supplies management and distribution. _____ _____		
[Name, Pg/Sec#]	Provide for financial management and reimbursement of medical supplies. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with the CDC for return of unused Federal assets. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

### Observations (Each bullet will need a completed AAR input form.)

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
_____
_____
_____
_____
_____

**Activate Medical Supplies Management and Distribution**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish medical supplies warehouse management structure. _____ _____		
[Name, Pg/Sec#]	Activate warehousing operations for receipt of medical assets. _____ _____		
[Name, Pg/Sec#]	Identify needed transportation assets for medical supplies. _____ _____		
[Name, Pg/Sec#]	Identify Technical Advisory Response Unit (TARU) team resource needs. _____ _____		
[Name, Pg/Sec#]	Provide and coordinate the use of emergency power generation services at medical supply warehouse locations. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

_____
_____

Are personnel trained to perform these tasks?

_____
_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

***Establish Security***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Execute plan for credentialing medical supplies personnel.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure security meets medical assets at point of entry into State. <hr/> <hr/>		
[Name, Pg/Sec#]	Identify locations that require increased security within the warehouse (such as controlled substance storage areas). <hr/> <hr/>		
[Name, Pg/Sec#]	Establish security checkpoints in vicinity of medical warehouse and at staging areas. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Repackage and Distribute**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assemble medical supplies warehouse teams (receiving, order management, picking, packaging, quality control, and shipping). _____ _____		
[Name, Pg/Sec#]	Inventory medical supplies warehouse resource levels. _____ _____		
[Name, Pg/Sec#]	Provide quality control/quality assurance for requested medical assets prior to shipping. _____ _____		
[Name, Pg/Sec#]	Track resupply requests for medical supplies. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Distribute medical supplies to points of distribution (PODs), health facilities, and shelters.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

### Observations (Each bullet will need a completed AAR input form.)

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
_____
_____
_____
_____
_____

**Recover Medical Resources**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure recovery of unused (unopened) pharmaceuticals from receipt, storage, and staging (RSS) site and unused pharmaceuticals and durable items from mass prophylaxis sites. _____ _____		
[Name, Pg/Sec#]	Distribute unused but open medical resources within the local health system according to local policies and plans. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

_____
_____

Are personnel trained to perform these tasks?

_____
_____

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

_____
_____

What key decisions would need to be made? Who would make them?

_____
_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Demobilize Medical Supplies Management and Distribution**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Execute plan to reduce medical supplies warehouse operations as distribution needs ease.		
	_____		
	_____		
[Name, Pg/Sec#]	Dispose of waste materials generated by medical supplies warehousing operations.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Medical Surge	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish a healthcare system to receive and appropriately treat incident-specific casualties or illnesses. This system should be composed of multiple resources from State, sub-State, and community resources. _____ _____		
[Name, Pg/Sec#]	Coordinate with weapons of mass destruction (WMD)/hazardous materials (HazMat) to develop plans for managing/decontaminating self-presenting contaminated victims offsite. _____ _____		
[Name, Pg/Sec#]	Identify local, State, sub-State, and interstate mental health and substance abuse professionals or paraprofessionals by survey. _____ _____		
[Name, Pg/Sec#]	Integrate local, State, and regional mental health and substance abuse professionals or paraprofessionals in response planning, exercises, and drills. _____ _____		
[Name, Pg/Sec#]	Ensure emergency system patient transport and tracking systems are interoperable with national and U.S. Department of Defense (DoD) systems. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure that comprehensive stress management strategies and programs are in place and available to all emergency responders, support personnel, and healthcare professionals.   		
[Name, Pg/Sec#]	Develop medical mutual aid agreements for medical facilities and equipment.   		
[Name, Pg/Sec#]	Develop surge capacity plans for acute care hospitals.   		
[Name, Pg/Sec#]	Coordinate with community healthcare systems when developing surge capacity plans for acute care hospitals.   		
[Name, Pg/Sec#]	Ensure facility-based evacuation plans include identification of receiving facilities and transportation assets. Transportation assets should be coordinated and planned out with response partners.   		
[Name, Pg/Sec#]	Develop healthcare system evacuation plans to include receiving facilities and transportation assets that are coordinated on a regional basis.   		
[Name, Pg/Sec#]	Identify adequate evacuation transportation assets and receiving facilities with adequate assets.   		
[Name, Pg/Sec#]	Develop plans to mitigate identified hazards to medical treatment facilities.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop electronic medical records for recording treatment provided and patient self-reporting. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans to identify staff, equipment, and resources to operate alternate care facilities. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plan to restrict access and secure healthcare and surge facilities. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop a local/State regional pharmaceuticals management system that captures current inventory of the Metropolitan Medical Response System, Health Resources and Services Administration hospitals, and CHEMPACK caches; ensures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to first responders and their families, other key incident response/management personnel, and the general public as determined by local authorities; and tracks the dispensing of pharmaceuticals during the incident. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Train designated hospital personnel in the National Incident Management System (NIMS), National Response Framework (NRF), Incident Command System, and Hospital Incident Command System (HICS).		
	<hr/>		
	<hr/>		
[Name, Pg/Sec#]	Exercise healthcare system, in compliance with appropriate national, State, and local guidance.		
	<hr/>		
	<hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and/or implement training, preparedness, and exercise programs based on local risk vulnerability assessment and lessons learned.   		
[Name, Pg/Sec#]	Train designated hospital personnel in recognition and treatment of chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) hazards.   		
[Name, Pg/Sec#]	Exercise medical surge plans.   		
[Name, Pg/Sec#]	Develop and conduct competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient healthcare personnel.   		
[Name, Pg/Sec#]	Develop program to train medical and nonmedical personnel.   		
[Name, Pg/Sec#]	Develop program to train health professions students.   		
[Name, Pg/Sec#]	Evaluate emergency management plans through training and multiple methods including drills and exercises at tribal, local, State, and national levels.   		
[Name, Pg/Sec#]	Exercise all plans on an annual basis to demonstrate proficiency in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop just-in-time training programs healthcare workers for unfamiliar critical job functions and personal protective equipment (PPE) for specific threats.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
_____
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**Direct Medical Surge Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement incident response communications within the healthcare system. _____ _____		
[Name, Pg/Sec#]	Execute medical mutual aid agreements. _____ _____		
[Name, Pg/Sec#]	Provide coordination and support for medical care through Incident Command/Emergency Operations Center (EOC) in accordance with NIMS. _____ _____		
[Name, Pg/Sec#]	Coordinate public health and medical services for those individuals who have been isolated or quarantined. _____ _____		
[Name, Pg/Sec#]	Provide consistent, accurate, and relevant public health and medical information to clinicians, other responders, and the public in a timely manner. _____ _____		
[Name, Pg/Sec#]	Coordinate with emergency public information to disseminate public health and safety information to the public to improve provision of home healthcare. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement emergency credentialing and privileging procedures.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
_____
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_____
_____

**Activate Medical Surge**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate healthcare system Incident Command. _____ _____		
[Name, Pg/Sec#]	Consider the implementation of altered standards of care. _____ _____		
[Name, Pg/Sec#]	Activate medical surge plans, procedures, and protocols to ensure medical treatment for populations requiring specialized assistance. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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_____

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Implement Surge Patient Transfer Procedures**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate alternative care sites and overflow emergency medical care facilities to manage hospital surge capacity. _____ _____		
[Name, Pg/Sec#]	Provide knowledge or visibility of available destination medical care facilities/services and tracking for mass movement of patients, ensuring patients are matched with transportation and destinations that provide appropriate levels of medical care. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Implement Surge Staffing Procedures**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate healthcare workers' and volunteers' call systems. _____ _____		
[Name, Pg/Sec#]	Support medical surge capability by using volunteer resources. _____ _____		
[Name, Pg/Sec#]	Mobilize incident-specific medical treatment personnel for pediatrics and adults. _____ _____		
[Name, Pg/Sec#]	Mobilize nonmedical support personnel. _____ _____		
[Name, Pg/Sec#]	Assess initial and ongoing need for medical specialists, and augment as needed. _____ _____		
[Name, Pg/Sec#]	Provide just-in-time training for staff performing nonstandard duties. _____ _____		
[Name, Pg/Sec#]	Coordinate staff transportation and staging through the State and local EOCs. _____ _____		
[Name, Pg/Sec#]	Coordinate response staffing with Medical Reserve Corps, Metropolitan Medical Response System, Federal and interstate resources, and nongovernmental organizations and faith-based groups. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Receive and Treat Surge Casualties**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Provide treatment appropriate to nature of incident and number of injured/ill.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Ensure adequacy of medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Coordinate and integrate with local, State, and Federal Emergency Support Function 8 (ESF-8).</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Implement comprehensive stress management strategies and programs for all emergency responders and workers.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Provide short-term mental health and substance abuse behavioral health services to the community.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Demobilize Medical Surge**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Transition from surge to normal operations.		
[Name, Pg/Sec#]	Implement plan for reconstitution of healthcare system capabilities.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct after action reviews, and prepare report.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

### Onsite Incident Management

#### Relevant Exercise Objectives

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Develop and Maintain Plans, Procedures, Programs, and Systems

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop National Incident Management System (NIMS)-compliant plans and standard operating procedures (SOPs) for emergency response operations within the jurisdiction. _____ _____		
[Name, Pg/Sec#]	Develop jurisdiction emergency management plans and SOPs that are compatible and integrate support for Unified Command during operations. _____ _____		
[Name, Pg/Sec#]	Preidentify resources available to supplement command and control capabilities. _____ _____		
[Name, Pg/Sec#]	Develop processes to order, track, and assign incident resources. _____ _____		
[Name, Pg/Sec#]	Develop systems for tracking onsite incident resources and personnel. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed After Action Report [AAR] input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Train personnel in accordance with NIMS typing.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Exercise personnel in accordance with NIMS typing.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Arrange for command and elected officials to attend NIMS and other applicable training.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop a records management system to identify appropriate personnel who lack Incident Command System (ICS) training, and provide automated notification of training opportunities.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Direct Onsite Incident Management**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p>Establish and maintain communications with the Emergency Operations Center (EOC), dispatch center, and responding units.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Direct and coordinate with arriving local, tribal, regional, State, and Federal first responders.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Monitor/measure performance of assigned resources, and request additional resources as needed.</p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Implement Onsite Incident Management**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct initial assessment (sizeup) (first arriving units). _____ _____		
[Name, Pg/Sec#]	Determine initial incident site perimeter (first arriving unit). _____ _____		
[Name, Pg/Sec#]	Initiate and implement the ICS. _____ _____		
[Name, Pg/Sec#]	Transfer command between oncoming and outgoing Incident Commander as appropriate. _____ _____		
[Name, Pg/Sec#]	Request additional resources as necessary for operations and onsite incident management. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
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What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Establish Full Onsite Incident Command**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish Incident Command. _____ _____		
[Name, Pg/Sec#]	Establish the command structure to manage the incident and meet objectives. _____ _____		
[Name, Pg/Sec#]	Establish branches, groups, and divisions needed to manage the incident and meet incident objectives, strategies, and tactics. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish an Incident Command Post (ICP), incident bases, camps, staging areas, helispot or wheelbase, and other facilities as required.   		
[Name, Pg/Sec#]	Establish communications with EOC/Multiagency Coordinating Center (MACC).   		
[Name, Pg/Sec#]	Maintain communications with EOC/MACC.   		
[Name, Pg/Sec#]	Coordinate operations with specialized emergency response teams (e.g., special weapons and tactics [SWAT]/tactical, bomb squad/explosives, hazardous materials [HazMat], land-based search and rescue).   		
[Name, Pg/Sec#]	Transition from Incident Command to Unified Command for incidents involving multiple jurisdictions, a single jurisdiction with multiagency involvement, or multiple jurisdictions with multiagency involvement.   		
[Name, Pg/Sec#]	Implement processes to order, track, and assign incident resources.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

**Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form**

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Conduct Resource Management**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement processes to order, track, assign, and release incident resources.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Monitor/measure performance of assigned resources, and request additional resources as needed. <hr/> <hr/>		
[Name, Pg/Sec#]	Request mutual aid through the EOC and Multiagency Coordination (MAC) Group ordering process. <hr/> <hr/>		
[Name, Pg/Sec#]	Direct and coordinate with arriving local, tribal, regional, State, and Federal first responders. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop Incident Action Plan (IAP)**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish incident objectives, priorities, and operational periods. _____ _____		
[Name, Pg/Sec#]	Develop the incident action plan (IAP) to establish priorities, procedures, and actions to be accomplished to meet the incident objectives. _____ _____		
[Name, Pg/Sec#]	Obtain Incident Command/Unified Command approval of IAP. _____ _____		
[Name, Pg/Sec#]	Establish operational period, not to exceed 24 hours. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Execute Plan**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Disseminate IAP to other response organizations through operational briefing. <hr/> <hr/>		
[Name, Pg/Sec#]	Direct efforts to meet incident objectives in accordance with current IAP. <hr/> <hr/>		
[Name, Pg/Sec#]	Review progress toward meeting incident objectives. <hr/> <hr/>		
[Name, Pg/Sec#]	Direct efforts to achieve personnel accountability. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop mechanisms for controlling incident. <hr/> <hr/>		
[Name, Pg/Sec#]	Consider potentially affected areas. <hr/> <hr/>		
[Name, Pg/Sec#]	Update IAP based on review of resource requirements. <hr/> <hr/>		
[Name, Pg/Sec#]	Evaluate, revise, and prioritize tactics to meet incident developments. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Onsite Incident Management**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement demobilization plan. _____ _____		
[Name, Pg/Sec#]	Transition Incident Command to recovery management. _____ _____		
[Name, Pg/Sec#]	Monitor demobilization/transition process. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

### Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Planning	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Conduct Strategic Planning

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop regional and State/local strategic plans. _____ _____		
[Name, Pg/Sec#]	Identify, develop, and convene local preparedness planning organization(s). _____ _____		
[Name, Pg/Sec#]	Define and implement the responsibilities for standardized emergency management system planning. _____ _____		
[Name, Pg/Sec#]	Coordinate and integrate all response and recovery agencies/organizations in the planning process. _____ _____		
[Name, Pg/Sec#]	Coordinate and integrate nongovernmental organizations (NGOs) and private-sector entities into the emergency management planning and decisionmaking processes. _____ _____		
[Name, Pg/Sec#]	Conduct a gap analysis to identify training and exercise needs and to facilitate investment and personnel decisions. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop scalable strategic plans, based on normal response plans, to prevent, protect against, respond to, and recover from natural and manmade disasters as well as acts of terrorism.   		
[Name, Pg/Sec#]	Establish the National Incident Management System (NIMS).   		
[Name, Pg/Sec#]	Establish and maintain a national preparedness assessment and reporting system.   		
[Name, Pg/Sec#]	Develop a preparedness planning and review cycle that encompasses planning, training, exercising, evaluation, and the incorporation of after action reports (AARs) and lessons learned.   		
[Name, Pg/Sec#]	Track implementation of AARs and lessons learned for improvement and corrective actions that enhance exercises and inform subsequent corrective training efforts.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop/Revise Operational Plans**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct a hazard analysis to identify threats, vulnerabilities, and consequences to be addressed by emergency management and/or preparedness plans.  _____ _____		
[Name, Pg/Sec#]	Develop and maintain comprehensive emergency management plans (CEMPs) or similar emergency management/preparedness plans.  _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop emergency operations/response plans that describe how personnel, equipment, and other governmental, nongovernmental, and private resources will support and sustain incident management requirements.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and maintain emergency operations plan (EOP) annexes for hazard-specific response including natural and manmade disasters, acts of terrorism, and other hazards.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and execute mutual aid assistance agreements and compacts.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop national, State, local, and nongovernmental continuity plans. All-level continuity plans will describe how personnel, equipment, and other governmental, nongovernmental, and private resources will support sustainment and/or reestablishment of essential functions. Plans should identify critical and time-sensitive applications, processes, and functions to be recovered and continued following an emergency or disaster as well as the personnel and procedures necessary to do so, such as business impact analysis, business continuity management, vital records preservation, and alternate operating facilities.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop regional coordination plans or activities that involve all Federal, State, territorial, local, tribal, NGO, and private stakeholders.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Validate Plans**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure that trained, exercised, and equipped personnel are available to execute all planning requirements as determined by applicable standards of proficiency.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop exercises/drills of sufficient intensity to challenge management and operations and to test the knowledge, skills, and abilities of individuals and organizations.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop integrated national, regional, State, and local level exercises/drills.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop regional, State, and local level exercises of sufficient intensity to challenge management and operations and to test knowledge, skills, and abilities of individuals and organizations.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop lessons learned reports and procedures based on real world events and exercises.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop, review, evaluate, and update emergency management and/or preparedness plans based on lessons learned and/or AARs to address problems/gaps and needed corrective actions.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Laboratory Testing	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify, establish, and maintain working collaboration with all Laboratory Response Network (LRN) sentinel and LRN clinical chemistry laboratories within the jurisdiction. _____ _____		
[Name, Pg/Sec#]	Develop and maintain an accurate and current database of contact information and capability for all the LRN sentinel and LRN clinical chemistry laboratories. _____ _____		
[Name, Pg/Sec#]	Provide all LRN sentinel and LRN clinical chemistry laboratories with updated LRN reference laboratory contact information. _____ _____		
[Name, Pg/Sec#]	Establish and maintain collaborative linkages with other State laboratories (e.g., environmental, agriculture, veterinary, and university) as well as the jurisdiction's National Guard Civil Support Team (CST) and other first responders. _____ _____		
[Name, Pg/Sec#]	Establish and maintain linkages with Federal laboratory networks and member laboratories within the jurisdiction, e.g., the Food Emergency Response Network (FERN), National Animal Health Laboratory Network (NAHLN), and the U.S. Environmental Protection Agency (EPA). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish and maintain a sentinel laboratory advisory committee or equivalent that meets at least every year and includes representatives from clinical microbiology, clinical chemistry, veterinary, food, and environmental laboratories in your jurisdiction.   		
[Name, Pg/Sec#]	Establish and utilize a State and local health alert network that complies with the Public Health Information Network (PHIN) functional area Partner Communication and Alerting for electronic connectivity with all LRN sentinel laboratories.   		
[Name, Pg/Sec#]	Establish and maintain connectivity with the State Emergency Operations Center (EOC) and other official components of the State and local emergency response, including the Emergency Management Assistance Compact (EMAC).   		
[Name, Pg/Sec#]	Establish and maintain communication linkages with local, State, and Federal (e.g., Centers for Disease Control and Prevention [CDC] Directors Emergency Operations Center [DEOC] and LRN) public safety and law enforcement entities (e.g., police, fire, emergency management, Federal Bureau of Investigation [FBI]).   		
[Name, Pg/Sec#]	Hire and/or maintain a biosafety officer for each facility.   		
[Name, Pg/Sec#]	Develop a contingency plan for a breach in biosafety.   		
[Name, Pg/Sec#]	Provide a ready supply of the reagents required for rapid testing of biological threat agents by LRN reference laboratories.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Maintain a ready supply of the reagents and materials (not supplied by CDC) required for rapid testing of biological and chemical threat agents at the reference level.   		
[Name, Pg/Sec#]	Maintain an accurate inventory of reagents and supplies in their respective laboratories.   		
[Name, Pg/Sec#]	Develop and validate, in partnership with LRN reference and LRN chemical laboratories, standard laboratory methods to test for chemical and biological threat agents.   		
[Name, Pg/Sec#]	Transfer standardized technology and laboratory methods from the CDC to State and local LRN reference and LRN chemical laboratories.   		
[Name, Pg/Sec#]	Develop, in collaboration with the CDC (e.g., EPA, U.S. Food and Drug Administration [FDA], U.S. Department of Agriculture [USDA], and U.S. Department of Defense [DoD]), additional standardized and validated methods for testing for chemical and biological agents in nonclinical samples.   		
[Name, Pg/Sec#]	Integrate new advanced biological and chemical rapid identification methods, as they are developed and approved by the LRN, into the current laboratory testing algorithm for human, environmental, animal, or food specimens.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in a CDC-approved proficiency testing program to ensure laboratory competency. <hr/> <hr/>		
[Name, Pg/Sec#]	Participate in training provided by other Federal partners for the use of standardized methods to detect and identify chemical and biological agents. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide information and training on the use of appropriate safety and security equipment and procedures. <hr/> <hr/>		
[Name, Pg/Sec#]	Train all LRN sentinel laboratories in the use of LRN biological agent rule-out protocols, specimen or isolate referral responsibilities, and notification algorithms. <hr/> <hr/>		
[Name, Pg/Sec#]	Participate in CDC training to use standardized protocols to detect biological agents. <hr/> <hr/>		
[Name, Pg/Sec#]	Participate in CDC training as required for designated levels of chemical preparedness (e.g., LRN Level 1, 2, or 3). <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate response planning, drills, and exercises for the laboratory with all relevant partners. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Laboratory Testing**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate laboratory activities with the LRN within the jurisdiction. _____ _____		
[Name, Pg/Sec#]	Function as the gatekeeper for the LRN within the jurisdiction. _____ _____		
[Name, Pg/Sec#]	Operate laboratory within the LRN. _____ _____		
[Name, Pg/Sec#]	Function as LRN sentinel laboratories. _____ _____		
[Name, Pg/Sec#]	Function as LRN chemical laboratories. _____ _____		
[Name, Pg/Sec#]	Work in close partnership with public health epidemiology and environmental health as well as poison control to provide timely data to ensure implementation of effective prevention, detection, and control measures, including treatment. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Sample and Specimen Management**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish and maintain a jurisdiction-wide transport system to ensure timely receipt of samples or specimens for laboratory testing.  _____ _____		
[Name, Pg/Sec#]	Perform triage screening on environmental samples per U.S. Department of Homeland Security (DHS) and EPA protocols.  _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Communicate requirements for all-hazard specimen or sample collection, packaging, and shipping to submitters (e.g., FBI, CST, first responders, hazardous materials teams, LRN sentinel and clinical chemistry laboratories).		
[Name, Pg/Sec#]	Provide consultation to all submitters regarding appropriate collection and shipment of specimens or samples for testing.		
[Name, Pg/Sec#]	Provide surge capacity for the CDC to measure metabolites (e.g., of nerve agents, in clinical specimens).		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Provide Surveillance Support**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Acquire timely isolates of selected enteric and invasive biological agents from all LRN sentinel laboratories. _____ _____		
[Name, Pg/Sec#]	Analyze quickly the isolates submitted by LRN sentinel laboratories using advanced technologies to rapidly identify and subtype isolates. _____ _____		
[Name, Pg/Sec#]	Provide reference analysis and identification of unusual or emerging biological agents present in communities. _____ _____		
[Name, Pg/Sec#]	Perform analyses for BioWatch 24/7/365. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Enhance, in coordination with public health epidemiology partners, the capacity to apply standardized molecular methods (e.g., DNA sequencing) in real time to support surveillance and outbreak investigations as appropriate.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Detection Testing and Analysis**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Evaluate clinical specimens from patients exposed to chemical or radiochemical agents, e.g., tests for blood gases, complete blood count (CBC) analysis, and enzyme levels (link with Health Resources and Services Administration). _____ _____		
[Name, Pg/Sec#]	Test initial 20 to 40 clinical specimens to assess human exposure by measuring metabolites of chemical agents (e.g., of nerve agents)._____ _____		
[Name, Pg/Sec#]	Test environmental samples for toxic industrial chemicals and materials. _____ _____		
[Name, Pg/Sec#]	Identify all emerging infectious agents or possible bioterrorism agents using available LRN protocols. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Confirm Testing**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Confirm results using CDC clinical chemical detection methods. <hr/> <hr/>		
[Name, Pg/Sec#]	Use standardized LRN protocols to detect emerging infectious agents or possible bioterrorism agents in clinical specimens, food, or environmental samples. <hr/> <hr/>		
[Name, Pg/Sec#]	Verify reactive BioWatch samples. <hr/> <hr/>		
[Name, Pg/Sec#]	Verify reactive samples from the Biohazard Detection Systems (BDS) located in facilities of the U.S. Postal Service (USPS). <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Support Public Health Epidemiological Investigations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p><i>Work in close partnership with public health epidemiology and environmental health as well as poison control to provide timely data to ensure implementation of effective prevention, detection, and control measures, including treatment.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Collaborate with law enforcement and perform testing of evidentiary samples (link to law enforcement).</i></p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Test additional clinical specimens by the CDC or another qualified select LRN reference laboratory for retrospective assessment of chemical exposure following an event. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate testing of environmental samples for assessment and remediation. <hr/> <hr/>		
[Name, Pg/Sec#]	Isolate emerging infectious or biological threat agents tested by the CDC and qualified select LRN reference laboratories using Clinical Laboratory Improvement Act (CLIA) approved methods to determine the agent's susceptibility to antimicrobial drugs used for prevention and control. <hr/> <hr/>		
[Name, Pg/Sec#]	Use CLIA approved methods for antimicrobial susceptibility testing. <hr/> <hr/>		
[Name, Pg/Sec#]	Determine whether an emerging infections disease agent or biological threat agent consists of single or multiple strains. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**Report Results**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Report surveillance results suggestive of an outbreak immediately to public health epidemiology.  <hr/> <hr/>		
[Name, Pg/Sec#]	Report results of CDC chemical or biological testing to submitting LRN reference and chemical laboratories through the secure LRN Web site.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Report confirmed laboratory results to all submitters in a timely manner using PHIN-compliant Laboratory Information Management Systems (LIMS).   		
[Name, Pg/Sec#]	Contact the nearest LRN reference laboratory when unable to identify or rule out emerging infectious agents or possible bioterrorism agents.   		
[Name, Pg/Sec#]	Notify appropriate public health, public safety, and law enforcement officials immediately (24/7) of presumptive and confirmed laboratory results of a chemical and biological threat agent.   		

**Task Analysis**

Are personnel identified to perform these tasks?

Are personnel trained to perform these tasks?

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

What key decisions would need to be made? Who would make them?

**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Emergency Public Safety and Security Response	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Plan for Public Safety and Security Response During Large-Scale, All-Hazards Events**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Review, revise, and develop public safety policies, protocols, and procedures to be implemented to effect a command and control structure consistent with the National Incident Management System (NIMS).   		
[Name, Pg/Sec#]	Develop plans and procedures to ensure interoperable communications during public safety and security response.   		
[Name, Pg/Sec#]	Enter into interagency agreements and memoranda of understanding with appropriate surrounding agencies and jurisdictions, with the legal authority of the jurisdiction, to ensure adequate response and access to supplemental personnel.   		
[Name, Pg/Sec#]	Identify required resources and enter into contracts, as appropriate, to access and provide required resources during a crisis response to shelter, feed, and maintain a significant cadre of public safety and other related first responders.   		
[Name, Pg/Sec#]	Review and improve, as appropriate, standard operating procedures for the notification and mobilization of public safety resources during a crisis response.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Review and improve, as appropriate, standard operating procedures for information sharing to the public, media, and support agencies.   		
[Name, Pg/Sec#]	Review and improve planned evacuation routes and staging areas to determine sufficient public safety resources required to establish and maintain perimeters, safety zones, and public order as well as facilitate evacuations and/or sheltering-in-place activities.   		
[Name, Pg/Sec#]	Review plans for decontamination sites and access to decontamination equipment, including personal protective equipment for responders.   		
[Name, Pg/Sec#]	Ensure hospital and medical supply resources, as well as other key infrastructure, have been identified and that agreements exist or are drafted regarding the maintenance of security at these facilities during a crisis response.   		
[Name, Pg/Sec#]	Review and develop as appropriate, in coordination with legal counsel such as the city/county attorney's and/or State attorney general's office, policies regarding public safety enforcement actions required to maintain public order during a crisis response, including teams of enforcement officers for handling of persons disrupting public order, violating laws, requiring quarantine, and so forth.   		
[Name, Pg/Sec#]	Develop and document, in conjunction with correctional and prison officials, coordination strategies for managing and possibly relocating incarcerated persons during a crisis response.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify and enter into agreements to secure the resources needed for processing and temporary detention of law violators.   		
[Name, Pg/Sec#]	Review existing protocols and develop protocols as appropriate for operation of decontamination sites and outprocessing areas.   		
[Name, Pg/Sec#]	Establish a recovery strategy to access reimbursable opportunities, replenish supplies and equipment, reassign personnel, and return to normal operation.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Determine Appropriate Training and Exercises Necessary to Address Gaps**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify gaps in personnel training at the awareness and first response operational levels, including familiarity with the expectations of and demands on public safety responders as set forth in agency plans, protocols, and procedures for a crisis response. _____ _____		
[Name, Pg/Sec#]	Identify existing training resources and opportunities available at the Federal, State, and local levels. _____ _____		
[Name, Pg/Sec#]	Develop a training strategy for all personnel. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Develop a strategy, in coordination with area jurisdictions, to participate in and/or conduct exercises that incorporate all response requirements, identify gaps, develop improvement plans, and implement preparedness enhancements.</i>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Command and Control Public Safety and Security Response Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify personnel needed to maintain security support and response. _____ _____		
[Name, Pg/Sec#]	Establish staging areas for law enforcement to deputize, conduct personnel assignment, and conduct briefing before entering the affected area. _____ _____		
[Name, Pg/Sec#]	Communicate with other response agencies regarding public safety response. _____ _____		
[Name, Pg/Sec#]	Deploy appropriate personnel for public safety and security. _____ _____		
[Name, Pg/Sec#]	Deploy appropriate relief personnel for public safety and security. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate public safety and security operations with Incident Command/Unified Command.   		
[Name, Pg/Sec#]	Arrange for shelter, housing, and feeding for law enforcement responders.   		
[Name, Pg/Sec#]	Arrange for proper sheltering, care, and feeding of detainees.   		
[Name, Pg/Sec#]	Utilize available technologies to maintain accountability of personnel, track hot zone locations, and track resources.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Activate Public Safety and Security Response**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct a public safety and security response. _____ _____		
[Name, Pg/Sec#]	Establish or integrate into Incident Command/Unified Command. _____ _____		
[Name, Pg/Sec#]	Coordinate and receive instructions from tactical operations. _____ _____		
[Name, Pg/Sec#]	Ensure that responders have the appropriate equipment to perform assigned tasks. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Assess the Incident Scene and Secure the Area**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Secure the incident site. _____ _____		
[Name, Pg/Sec#]	Determine the appropriate emergency medical personnel to respond onsite for injuries and fatalities. _____ _____		
[Name, Pg/Sec#]	Identify and establish inner incident/crime scene perimeters. _____ _____		
[Name, Pg/Sec#]	Document observations regarding the affected area. _____ _____		
[Name, Pg/Sec#]	Report findings to Incident Command/Unified Command upon deployment of specialized law enforcement teams. _____ _____		
[Name, Pg/Sec#]	Develop and maintain a rapid intervention group to respond to unexpected occurrences. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Control Traffic, Crowd, and Scene**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify and establish an incident perimeter and zones.  <hr/> <hr/>		
[Name, Pg/Sec#]	Identify security zone requirements.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish force protection capacity integrated within the Incident Command System (ICS). _____ _____		
[Name, Pg/Sec#]	Provide force protection for emergency response personnel to allow them to operate safely. _____ _____		
[Name, Pg/Sec#]	Provide and plan for access to the site for skilled support personnel. _____ _____		
[Name, Pg/Sec#]	Implement and maintain an onscene personnel identity management system. _____ _____		
[Name, Pg/Sec#]	Secure animals during an animal health emergency. _____ _____		
[Name, Pg/Sec#]	Identify and secure critical sites, including hospitals, shelters, and points of distribution (PODs). _____ _____		
[Name, Pg/Sec#]	Plan and provide protection and security for unoccupied/evacuated properties within and around the incident site. _____ _____		
[Name, Pg/Sec#]	Control traffic and crowds. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Maintain Public Order**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assess situation for public order-related concerns. _____ _____		
[Name, Pg/Sec#]	Implement plans for emergency proclamations, martial law, curfew declarations, and other legal issues. _____ _____		
[Name, Pg/Sec#]	Conduct an initial reconnaissance of the area. _____ _____		
[Name, Pg/Sec#]	Coordinate with appropriate unit, and develop a plan of action. _____ _____		
[Name, Pg/Sec#]	Conduct tactical deployment. _____ _____		
[Name, Pg/Sec#]	Use tactical operations teams to conduct searches of high-priority unsecured sites to establish security and detain lawbreakers as necessary. _____ _____		
[Name, Pg/Sec#]	Maintain security operations. _____ _____		
[Name, Pg/Sec#]	Request assets required to provide security. _____ _____		
[Name, Pg/Sec#]	Provide security for public officials and investigation teams. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Institute and conduct security operations controlling personnel who are allowed to enter damaged and condemned buildings and the contents that they are allowed to remove.</i>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**Conduct Law Enforcement Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Coordinate with investigators to interview witnesses/bystanders to identify suspects.</i> _____ _____		
[Name, Pg/Sec#]	<i>Use tactical operations teams to conduct searches of high-priority unsecured sites to establish security and detain lawbreakers as necessary.</i> _____ _____		
[Name, Pg/Sec#]	<i>Make arrests as necessary.</i> _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Manage Criminal Justice Population**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish mobile arrest and processing sites for arrestees. _____ _____		
[Name, Pg/Sec#]	Provide space in mobile arrest and processing site/area for fingerprinting and photos, desk space, interview area, property storage, secure storage for valuables and/or evidence, isolation area for violent detainees, and a secure area for vehicles. _____ _____		
[Name, Pg/Sec#]	Process those arrested (photos, fingerprinting), and document arrests. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Set up improvised holding cells to manage detainees. _____ _____		
[Name, Pg/Sec#]	Detain those arrested (in improvised holding cells). _____ _____		
[Name, Pg/Sec#]	Provide detainee supervision 24/7 for the length of the incident. _____ _____		
[Name, Pg/Sec#]	Ensure holding facilities have provisions for food, access to drinking water and toilet facilities, and trash removal. _____ _____		
[Name, Pg/Sec#]	Establish system for documenting, securing, storing, transporting, and releasing detainee property. _____ _____		
[Name, Pg/Sec#]	Establish system to track detainee movement, including incoming, transfers, and releases. _____ _____		
[Name, Pg/Sec#]	Distribute notification of the destination holding facility. _____ _____		
[Name, Pg/Sec#]	Provide space for prosecutors/public defenders to meet with operations staff members and/or detainees. _____ _____		
[Name, Pg/Sec#]	Transport detainees to secure lockup facility. _____ _____		
[Name, Pg/Sec#]	Ensure that established procedures for transfer of detainees during major emergencies are followed. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Designate alternate facilities to ensure continued operations by tribal, local, State, and Federal prosecutors/public defenders.   		
[Name, Pg/Sec#]	Set up improvised court facilities to ensure tribal, local, State, and Federal court services continue.   		
[Name, Pg/Sec#]	Implement protocols for contacting appropriate parole/probation agencies of any changes in residency status.   		
[Name, Pg/Sec#]	Establish protocols for alternate housing facilities for local, State, and Federal incarcerated prisoners.   		
[Name, Pg/Sec#]	Establish equipment lists and mobile booking kits, and store at strategic locations.   		
[Name, Pg/Sec#]	Inventory mobile booking kits on a regular basis to ensure that equipment and materials have not been removed or damaged and remain in working order.   		
[Name, Pg/Sec#]	Ensure the capacity to run records checks for warrants, holds on detainees, and terrorist lists.   		
[Name, Pg/Sec#]	Establish mobile arrest and processing sites for arrestees.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Provide space in mobile arrest and processing site/area for fingerprinting and photos, desk space, interview area, property storage, secure storage for valuables and/or evidence, isolation area for violent detainees, and a secure area for vehicles.</i>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Demobilize Public Safety and Security Response Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Clear the incident scene upon completion of assigned temporary duties or as directed by superiors. _____ _____		
[Name, Pg/Sec#]	Return local forces to regular service. _____ _____		
[Name, Pg/Sec#]	Recall temporary assistance resources to staging areas for outprocessing. _____ _____		
[Name, Pg/Sec#]	Conduct decontamination of all outprocessing personnel and equipment. _____ _____		
[Name, Pg/Sec#]	Identify public safety and security assets required for decontamination activities. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with hazardous materials (HazMat) personnel to establish decontamination sites. _____ _____		
[Name, Pg/Sec#]	Coordinate with HazMat personnel to decontaminate affected public safety facilities and equipment. _____ _____		
[Name, Pg/Sec#]	Debrief all outprocessing personnel. _____ _____		
[Name, Pg/Sec#]	Activate reimbursement process for public safety and security resources. _____ _____		
[Name, Pg/Sec#]	Receive and process reimbursement requests. _____ _____		
[Name, Pg/Sec#]	Process compensation claims and related administrative activities. _____ _____		
[Name, Pg/Sec#]	Rehabilitate and replenish public safety and security resources. _____ _____		
[Name, Pg/Sec#]	Reconstitute personnel and equipment. _____ _____		
[Name, Pg/Sec#]	Participate in incident debriefing. _____ _____		
[Name, Pg/Sec#]	Identify staff members' needs based on their level of involvement and/or hours committed to the incident. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Decontaminate, debrief, and outprocess law enforcement personnel prior to leaving the affected area.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

***\*\*Customize this template based on objectives to meet exercise needs\*\****

*[EXERCISE NAME]*

*[EXERCISE DATE]*

Emergency Public Safety and Security Response

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

### Responder Safety and Health

#### Relevant Exercise Objectives

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### Develop and Maintain Plans, Procedures, Programs, and Systems

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and adopt agency/jurisdiction safety and health program(s). _____ _____		
[Name, Pg/Sec#]	Conduct a detailed analysis of the 15 planning scenarios to ensure that all workers are protected in performing the tasks from all hazards. _____ _____		
[Name, Pg/Sec#]	Establish plans and procedures for identifying sources of additional equipment and expertise if the safety and health program is overwhelmed. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide all required health and safety training, including preincident training, site/incident-specific training, and exercises to develop and maintain appropriate knowledge and expertise for responders.		
	_____		
	_____		
[Name, Pg/Sec#]	Conduct health and safety exercises to develop and maintain appropriate knowledge and expertise for responders.		
	_____		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Responder Safety and Health Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Monitor routine and emergency communications within the Incident Command structure at all times.  		
[Name, Pg/Sec#]	Maintain routine and emergency communications within the Incident Command structure at all times during the incident.  		
[Name, Pg/Sec#]	Maintain coordination and communication on safety and health issues between agencies and departments.  		
[Name, Pg/Sec#]	Develop and review components (e.g., safety analysis, site safety and control plan, medical plan, safety message) of the Incident Action Plan (IAP).  		
[Name, Pg/Sec#]	Contact and work with subject matter experts (SMEs) from public/private agencies and academia who may be able to assist with safety issues at the incident.  		
[Name, Pg/Sec#]	Assess availability of resources/assets provided by public, private, and volunteer organizations.  		
[Name, Pg/Sec#]	Request additional safety and health resources through mutual aid.  		
[Name, Pg/Sec#]	Coordinate and support decontamination activities.  		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Collaborate with other agencies/organizations/businesses regarding volunteers and donations.   		
[Name, Pg/Sec#]	Utilize ordering systems to obtain additional needed resources.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

Did discussions validate the plan?

**Yes**

**No**

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Activate Responder Safety and Health**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Designate Safety Officer within the Incident Command System (ICS). _____ _____		
[Name, Pg/Sec#]	Assume responsibility for supervision and management of the Assistant Safety Officer(s) based on severity and complexity of the incident. _____ _____		
[Name, Pg/Sec#]	Deploy specialized response teams to provide technical assistance to Safety Officer. _____ _____		
[Name, Pg/Sec#]	Ensure ongoing safety and health assessments of response operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Identify Safety/Personal Protective Equipment (PPE) Needs, and Distribute PPE**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Observe the scene, and review/evaluate hazard and response information as it pertains to the safety of all persons at the location.  		
[Name, Pg/Sec#]	Identify responder safety and health resources required.  		
[Name, Pg/Sec#]	Provide command structure with observation-based recommendations for the safety of onsite personnel.  		
[Name, Pg/Sec#]	Perform an incident safety analysis.  		
[Name, Pg/Sec#]	Identify and prioritize the operations, hazards, and exposures of greatest risk to site personnel and coordinate with the Incident Commander to develop specific actions to address them and protect site personnel.  		
[Name, Pg/Sec#]	Assist the Incident Commander in developing an incident safety and control plan to respond within the capabilities of available response personnel, taking into account available resources such as PPE, monitoring equipment, and control equipment.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Site/Incident-Specific Safety and Health Training**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure the availability of incident/site-specific training.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement site-specific incident health and safety plan, including after-action care as needed for onscene personnel. <hr/> <hr/>		
[Name, Pg/Sec#]	Ensure the provision of appropriate safety and health equipment. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

**Ongoing Monitoring of Responder Safety and Health**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure the availability of incident/site-specific training. _____ _____		
[Name, Pg/Sec#]	Implement site-specific incident health and safety plan, including after-action care as needed for onscene personnel. _____ _____		
[Name, Pg/Sec#]	Ensure the provision of appropriate safety and health equipment. _____ _____		
[Name, Pg/Sec#]	Assist the Incident Commander and ICS staff in implementing exposure monitoring and enforcing safety considerations. _____ _____		
[Name, Pg/Sec#]	Identify and implement all corrective actions necessary to ensure the safety and health of all site personnel. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with Incident Command/Emergency Operations Center (EOC) to ensure that medical unit is established onsite.   		
[Name, Pg/Sec#]	Make recommendation to alter, suspend, or terminate any activity judged to be an imminent danger or immediately dangerous to life and health.   		
[Name, Pg/Sec#]	Monitor hazardous site operations, and ensure that personnel perform their tasks in a safe manner and follow the safety-related requirements identified in the IAP.   		
[Name, Pg/Sec#]	Ensure recording and reporting of all injuries and illnesses.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths		
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement		
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
_____		
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**Demobilize Responder Safety and Health**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct postincident analysis of responder health and safety. _____ _____		
[Name, Pg/Sec#]	Monitor psychological and medical status of exposed persons. _____ _____		
[Name, Pg/Sec#]	Coordinate with long-term healthcare to provide comprehensive stress management strategies, programs, worker crisis counseling, substance abuse services, and mental and behavioral health support. _____ _____		
[Name, Pg/Sec#]	Provide critical incident stress management (CISM) strategies, programs, and teams. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Debrief hazardous materials (HazMat) branch/group and all other exposed personnel on site-specific occupational safety and health issues involving HazMat/weapons of mass destruction (WMD) releases.   		
[Name, Pg/Sec#]	Participate in the incident critique process, and identify critical safety and health-related observations of incident activities.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

### Restoration of Lifelines

#### Relevant Exercise Objectives

- ☐
- ☐
- ☐

- ☐
- ☐
- ☐

### Develop and Maintain Plans, Procedures, Programs, and Systems

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure lifeline restoration personnel can access and remain in the affected areas to complete restoration activities. _____ _____		
[Name, Pg/Sec#]	Coordinate with State and local emergency management officials to determine what credentials lifeline restoration personnel will need to produce to enter potentially restricted areas and fulfill their responsibilities. _____ _____		
[Name, Pg/Sec#]	Create a mechanism to provide any incident-specific lifeline restoration contract personnel with the necessary credentials to ensure unnecessary access issues will not impede them from completing their responsibilities. _____ _____		
[Name, Pg/Sec#]	Identify a sector/company-specific point of contact (POC) for police or emergency management officials to contact to verify the credentials of lifeline restoration personnel. _____ _____		
[Name, Pg/Sec#]	Create a plan to ensure that the sector/company-specific POC for credentialing issues has up-to date data on all personnel—contract and regularly employed—involved in lifeline restoration activities. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Discuss measures that can be taken to ensure the safety of lifeline restoration personnel and equipment working in affected areas with State and local emergency management officials.   		
[Name, Pg/Sec#]	Identify the procedure for requesting safety measures (such as police escorts) for lifeline restoration personnel.   		
[Name, Pg/Sec#]	Develop mechanisms to communicate and coordinate restoration of lifelines information and activities.   		
[Name, Pg/Sec#]	Identify a lifeline Emergency Operations Center (EOC)/Joint Field Office (JFO) liaison or liaison mechanism to ensure that lifeline restoration information and current situational updates can be shared by all parties.   		
[Name, Pg/Sec#]	Coordinate with local/State/Federal emergency management officials to ensure that lifeline companies have an official contact person in each EOC/JFO to ensure situational awareness and coordination.   		
[Name, Pg/Sec#]	Create a mechanism to share restoration information among all the different lifeline companies/sectors, i.e., create local/State/regional utility workgroups/associations to coordinate emergency restoration operations across sectors and share best practices.   		
[Name, Pg/Sec#]	Identify interdependencies among all the lifelines.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Create reporting guidelines to ensure that all company/sectors department heads report important event-specific information to the company/sector EOC/JFO liaison. <hr/> <hr/>		
[Name, Pg/Sec#]	Disseminate reporting guidelines—along with contact information for the company/sector EOC/JFO liaison—to all appropriate (lifeline and government) personnel. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate with State and local emergency management officials to determine which radio frequencies lifeline restoration personnel can use to support restoration activities. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans/mechanisms to assist in the allocation of constrained resources. <hr/> <hr/>		
[Name, Pg/Sec#]	Consider prestaging equipment, and identify barriers or gaps in developing this capability. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop contingent contracts. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop mutual aid networks within each lifeline. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop mutual aid networks between lifelines and government. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop a plan to deal with the distribution of fuel after an event including lifeline restoration activities. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Consider the prioritization of primary infrastructure so there is less of a reliance on backup or secondary measures. _____ _____		
[Name, Pg/Sec#]	Develop a plan to deal with the distribution of other critical components that facilitate the restoration of primary infrastructure and processes. _____ _____		
[Name, Pg/Sec#]	Consider the essential needs of the lifeline restoration personnel when developing housing strategies. _____ _____		
[Name, Pg/Sec#]	Consider impacts on areas outside the area physically impacted. _____ _____		
[Name, Pg/Sec#]	Pursue opportunities to solidify postevent regulatory relief. _____ _____		
[Name, Pg/Sec#]	Investigate antitrust regulations that prohibit some sectors from communicating during a disaster. _____ _____		
[Name, Pg/Sec#]	Agree on appropriate waivers to facilitate restoration activities. _____ _____		
[Name, Pg/Sec#]	Solidify appropriate waivers to facilitate restoration activities. _____ _____		
[Name, Pg/Sec#]	Develop cross-jurisdictional agreements to standardize regulatory requirements and postdisaster waivers. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop inter-State postdisaster reciprocity for certifications, qualifications, licenses, etc.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with other lifelines companies/sectors to create cross-sector exercises to test restoration plans. _____ _____		
[Name, Pg/Sec#]	Ensure participation of lifeline sectors in established exercise programs. _____ _____		
[Name, Pg/Sec#]	Share corrective actions and lessons learned with lifeline restoration personnel and government entities. _____ _____		
[Name, Pg/Sec#]	Incorporate corrective actions and lessons learned into restoration plans. _____ _____		
[Name, Pg/Sec#]	Provide training to government entities regarding the restoration of lifelines process. _____ _____		
[Name, Pg/Sec#]	Make best practices easily available. _____ _____		
[Name, Pg/Sec#]	Create exercise elements that require the weighting of the benefits of lifeline restoration activities verses the prioritization of constrained resources. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop common definitions for essential services, credentialing, and access. _____ _____		
[Name, Pg/Sec#]	Educate lifelines customers on what to expect after an event. _____ _____		
[Name, Pg/Sec#]	Create a mentoring program that will allow disaster-experienced lifeline restoration personnel (e.g., from States like California and Louisiana) to support lesser experienced personnel. _____ _____		
[Name, Pg/Sec#]	Provide training regarding the implications to the private sector of "hijacking" contracted resources. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Direct Mechanisms to Facilitate the Restoration of Lifelines**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p><i>Develop a common operating picture (COP) concerning lifeline restoration and government operations.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Identify entities affected by the loss of lifeline infrastructure.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Identify resources required to manage and restore lifeline operations.</i></p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p><i>Coordinate the dissemination of status and priority information on lifeline restoration activities.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Coordinate between lifeline restoration EOC/JFO liaison and government EOC/JFO.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Disseminate information about the required credentials for lifeline restoration personnel to police and other on-the-ground government personnel.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Discuss incident-specific safety measures for lifeline restoration personnel.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Disseminate coordinated radio frequency information to all emergency responders and lifeline restoration personnel in order to prevent communications disruptions.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Coordinate fuel and critical resource distribution plan for lifeline restoration activities.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Coordinate housing strategy for lifeline restoration personnel.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Disseminate established information on regulatory relief for lifeline restoration activities.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Provide and coordinate alternate means for providing critical lifeline services.</i></p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Restoration of Lifelines**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Notify appropriate lifeline restoration personnel. _____ _____		
[Name, Pg/Sec#]	Deploy EOC/JFO liaison for lifeline restoration activities. _____ _____		
[Name, Pg/Sec#]	Mobilize appropriate lifeline restoration personnel. _____ _____		
[Name, Pg/Sec#]	Mobilize equipment and resources needed for lifeline restoration activities and appropriate for the incident. _____ _____		
[Name, Pg/Sec#]	Begin using information-sharing mechanisms to support lifeline restoration activities. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Implement Restoration of Lifelines**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Use mutual aid resources to increase the pace of lifeline restoration operations. _____ _____		
[Name, Pg/Sec#]	Conduct lifeline restoration operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Restoration of Lifelines Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement a demobilization plan for lifeline restoration. _____ _____		
[Name, Pg/Sec#]	Restore personnel and equipment used for lifeline restoration to normal operations. _____ _____		
[Name, Pg/Sec#]	Document restoration activities, as needed. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Risk Management	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop Risk Framework**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure senior leadership communicates in writing the risk framework and intent to use risk analysis to all stakeholders. _____ _____		
[Name, Pg/Sec#]	Develop actionable risk management strategy with short, medium, and long-term objectives. _____ _____		
[Name, Pg/Sec#]	Develop risk analysis and risk management plans and procedures. _____ _____		
[Name, Pg/Sec#]	Develop standards and guidelines to guide risk assessment activities. _____ _____		
[Name, Pg/Sec#]	Develop and implement risk analysis training programs for State, local, and private entities. _____ _____		
[Name, Pg/Sec#]	Conduct training in modeling and the use of analytical tools. _____ _____		
[Name, Pg/Sec#]	Conduct risk management training for security, response, and recovery managers. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement programs to assess changes in risk and effectiveness of risk management. _____ _____		
[Name, Pg/Sec#]	Develop system for collecting and sharing lessons learned regarding risk management. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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\_\_\_\_\_

What key decisions would need to be made? Who would make them?

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\_\_\_\_\_

**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Assess Risks**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct criticality analysis (also known as screening) to identify potential targets. _____ _____		
[Name, Pg/Sec#]	Conduct vulnerability assessments to assess vulnerability of potential targets to identified threats. _____ _____		
[Name, Pg/Sec#]	Conduct consequence analysis of critical assets. _____ _____		
[Name, Pg/Sec#]	Conduct threat assessment of potential targets. _____ _____		
[Name, Pg/Sec#]	Conduct or obtain intelligence community threat/hazard analysis through State or local Interagency Working Groups (Joint Terrorism Task Force) to identify threats to potential targets. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Obtain intelligence reporting and the receipt of the threat data through the U.S. Department of Homeland Security Homeland Infrastructure Threat and Risk Analysis Center (HITRAC).   		
[Name, Pg/Sec#]	Calculate risk to potential targets based on threat, vulnerability, and consequence.   		
[Name, Pg/Sec#]	Establish relative order of priorities for risk mitigation among risk portfolio.   		
[Name, Pg/Sec#]	Conduct response and recovery capabilities analysis to determine capability to respond to and recover from the occurrence of identified risks.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Prioritize Risks**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p>Identify potential protection, prevention, and mitigation strategies for high-risk targets.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Prioritize identified strategies by risk reduction expected outcomes appreciating the various threat, vulnerabilities, and consequences that affect that community, system, or asset.</p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop Business Case**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop or select methodology for cost-benefit/cost-effectiveness analysis of risk reduction solutions. <hr/> <hr/>		
[Name, Pg/Sec#]	Select risk-reduction solutions for implementation based on risk-reduction strategies. <hr/> <hr/>		
[Name, Pg/Sec#]	Allocate resources to support risk-reduction solutions. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____ _____ _____ _____ _____ _____

**Manage Risk**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Monitor the progress of solution implementation. _____ _____		
[Name, Pg/Sec#]	Undertake corrective actions. _____ _____		

<b>Task Analysis</b>
Are personnel identified to perform these tasks? _____ _____
Are personnel trained to perform these tasks? _____ _____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Conduct Risk Communication**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Share the assessment of sector-specific infrastructure risk with interdependent entities within appropriate sectors.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

### Structural Damage Assessment

#### Relevant Exercise Objectives

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### Develop and Maintain Plans, Procedures, Programs, and Systems

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop standards and procedures to identify qualified contractors offering recovery/restoration services. _____ _____		
[Name, Pg/Sec#]	Develop damage assessment procedures. _____ _____		
[Name, Pg/Sec#]	Develop mitigation plans and procedures. _____ _____		
[Name, Pg/Sec#]	Identify mitigation measures and emergency restoration procedures. _____ _____		
[Name, Pg/Sec#]	Develop qualification and certification standards for paid and volunteer staff. _____ _____		
[Name, Pg/Sec#]	Maintain situation and damage assessment plans. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed After Action Report [AAR] input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct training on damage assessment procedures. _____ _____		
[Name, Pg/Sec#]	Conduct training on mitigation plans and procedures. _____ _____		
[Name, Pg/Sec#]	Exercise damage assessment procedures. _____ _____		
[Name, Pg/Sec#]	Exercise mitigation plans and procedures. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
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**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
_____
_____
_____
_____
_____

**Activate Structural Damage Assessment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct emergency dispatch and notification for structural damage and mitigation assessment personnel. _____ _____		
[Name, Pg/Sec#]	Dispatch secondary response agencies. _____ _____		

<b>Task Analysis</b>
Are personnel identified to perform these tasks? _____ _____
Are personnel trained to perform these tasks? _____ _____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Structural Damage Assessment Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate resources to conduct building inspections and damage assessment.		
	_____		
	_____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Support incident response operations according to Incident Management Team (IMT) assignments on the inputs to the incident action plan (IAP). <hr/> <hr/>		
[Name, Pg/Sec#]	Recommend prioritization schedule of critical infrastructure services, facilities, and assets restoration based on structural damage and mitigation assessments. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop standards and procedures to identify qualified contractors offering recovery/restoration services. <hr/> <hr/>		
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notation. <hr/> <hr/>		
[Name, Pg/Sec#]	Integrate appropriate private-sector entities into incident response activities. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Conduct Inspections and Assessments**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assist in identification of incident response coordination centers for rebuilding property.  <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct debris assessment.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assess the requirement for decontamination or safe demolition, removal, and disposition of contaminated debris. _____ _____		
[Name, Pg/Sec#]	Conduct building inspections and damage assessments of public and private structures. _____ _____		
[Name, Pg/Sec#]	Assess the need for emergency flood protection and/or emergency erosion control. _____ _____		
[Name, Pg/Sec#]	Identify the need for additional engineering and assessment resources from other Federal agencies, and issue mission assignments to activate such resources. _____ _____		
[Name, Pg/Sec#]	Assist with the assessment to determine the requirement to relocate affected essential services to backup locations. _____ _____		
[Name, Pg/Sec#]	Assess buildings and private structures to determine occupancy eligibility. _____ _____		
[Name, Pg/Sec#]	Provide geocoded status report of the community, homes, and facilities identified as safe or unsafe to reenter and reoccupy. _____ _____		
[Name, Pg/Sec#]	Determine need for recovery programs. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Mitigation and Technical Assistance**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate, fund, and implement contracts for construction management and inspection.  		
[Name, Pg/Sec#]	Coordinate, fund, and implement contracts for emergency repair of utilities and other services.  		
[Name, Pg/Sec#]	Manage, monitor, and/or provide technical advice on debris management and reestablishment of ground and water routes into the affected area.  		
[Name, Pg/Sec#]	Assist with the implementation and management of Federal Emergency Management Agency (FEMA) Public Assistance Program to support the repair and restoration of public property.  		
[Name, Pg/Sec#]	Participate in postincident assessments of structures, public works, and infrastructure to develop cost estimates, complete written project worksheets, determine priority repair/reconstruction projects, and help prioritize engineering and construction resources.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Demobilize Structural Damage Assessment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop a demobilization plan for structural damage and mitigation assessment.		
	<hr/>		
	<hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Restore personnel and equipment to normal operations. _____ _____		
[Name, Pg/Sec#]	Complete appropriate documentation. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
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### Activity Analysis

Yes

No

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_




**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Emergency Triage and Pre-Hospital Treatment	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assess, categorize, and track health and medical resources at the State, regional, and local levels, including trauma centers, burn centers, pediatric facilities, acute care facilities, and other specialty facilities.   		
[Name, Pg/Sec#]	Ensure appropriate protective resources are available, including vaccinations, prophylaxis, and personal protective equipment (PPE) for pre-hospital providers and their families.   		
[Name, Pg/Sec#]	Ensure sufficient emergency medical services (EMS) personnel and resources are available to respond to day-to-day emergencies in the community.   		
[Name, Pg/Sec#]	Ensure sufficient EMS personnel, equipment, and supplies are available to respond to and manage a catastrophic incident until Federal resources become available.   		
[Name, Pg/Sec#]	Develop procedures for effective, reliable interoperable communications between EMS, Incident Command, public health, and healthcare facilities.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish and maintain intrastate and interstate EMS communication systems.   		
[Name, Pg/Sec#]	Develop protocols and procedures for tracking triage and pre-hospital treatment response staff members and equipment during day-to-day operations as well as catastrophic incidents.   		
[Name, Pg/Sec#]	Ensure that EMS systems include an education, licensure, and credentialing system consistent with national standards.   		
[Name, Pg/Sec#]	Identify and coordinate with public safety access points that have enhanced capabilities (e.g., automatic location identification) and redundancy and are capable of handling a surge in call volume.   		
[Name, Pg/Sec#]	Establish a means to allow EMS resources to be used across jurisdictions, both intrastate and interstate, using the National Incident Management System (NIMS) (e.g., mutual aid agreements).   		
[Name, Pg/Sec#]	Develop and/or maintain protocols and procedures for EMS dispatch, assessment, triage, treatment, transport, logistical support, medical command and coordination, safety, communications, and tracking of patients during day-to-day operations as well as catastrophic incidents.   		
[Name, Pg/Sec#]	Develop mechanisms to ensure freedom of movement of medical response, transport, and personnel when faced with restricted travel laws, isolation/quarantine, or security measures.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans and mechanisms for obtaining reimbursement for both public and private expenditures for triage and pre-hospital treatment following a declared catastrophic incident.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed After Action Report [AAR] input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____
_____

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct training of dispatch personnel in protocol and procedures for dispatch during catastrophic events. _____ _____		
[Name, Pg/Sec#]	Develop and implement multidisciplinary training programs for EMS personnel based on local risk vulnerability assessments and lessons learned. _____ _____		
[Name, Pg/Sec#]	Develop and implement multidisciplinary exercise programs for EMS personnel based on local risk vulnerability assessments and lessons learned. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

**Direct Triage and Pre-Hospital Treatment Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Establish Medical Branch Group officer.</i> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
[Name, Pg/Sec#]	<i>Coordinate triage and pre-hospital treatment operations with onsite Incident Command.</i> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate and integrate triage and pre-hospital treatment operations with the National Disaster Medical System. _____ _____		
[Name, Pg/Sec#]	Implement and coordinate effective, reliable interoperable communications between EMS, Incident Command, public health, and healthcare facilities. _____ _____		
[Name, Pg/Sec#]	Assess need for additional medical resources or mutual aid. _____ _____		
[Name, Pg/Sec#]	Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability. _____ _____		
[Name, Pg/Sec#]	Implement and maintain accountability procedures for EMS personnel, equipment, and supplies. _____ _____		
[Name, Pg/Sec#]	Provide medical support, safety considerations, and appropriate PPE for EMS responders. _____ _____		
[Name, Pg/Sec#]	Organize and distribute resources for triage and pre-hospital treatment operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Triage and Pre-Hospital Treatment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Dispatch and support medical care personnel. _____ _____		
[Name, Pg/Sec#]	Complete scene survey. _____ _____		
[Name, Pg/Sec#]	Establish scene safety based on the type and severity of the incident. _____ _____		
[Name, Pg/Sec#]	Establish triage, treatment, and transport areas. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
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**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### **Triage**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct initial and ongoing pre-hospital triage in accordance with the jurisdiction's prescribed triage methodology (e.g., Simple Triage and Rapid Treatment [START]). _____ _____		
[Name, Pg/Sec#]	Initiate a patient-tracking system. _____ _____		
[Name, Pg/Sec#]	Ensure decontamination of patients prior to treatment and transport. _____ _____		
[Name, Pg/Sec#]	Move patients to safe, secure, and easily accessible treatment area(s). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Treatment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Establish immediate, minor, and delayed treatment areas.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Provide pre-hospital treatment appropriate to the nature of the incident and number of injured/ill.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Administer antidotes for victims of weapons of mass destruction (WMD).</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Provide ongoing pain management therapy as needed to victims awaiting transport.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Ensure documentation of patient care and transfer in accordance with mass casualty protocols.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

### Transport

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p>Identify transport vehicles, victims, and priority of transport.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Provide for alternative modes of transport should air or other operations be necessary (e.g., helicopters along with a corresponding landing zone).</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Coordinate and transport patients to the appropriate treatment facility.</p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide ongoing assessment and treatment en route. _____ _____		
[Name, Pg/Sec#]	Transfer care of the patient to the medical staff at the facility. _____ _____		
[Name, Pg/Sec#]	Develop local protocols that address return to service of transport vehicles (e.g., decontamination, stocking, and personnel). _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Yes

No

Did discussions validate the plan?

☐ Yes ☐ No

Were participants knowledgeable of plan elements?

☐ Yes ☐ No

Did participants adequately address how to accomplish this activity?

☐ Yes ☐ No

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

***Demobilize Triage and Pre-Hospital Treatment***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Reconstitute EMS personnel and equipment. _____ _____		
[Name, Pg/Sec#]	Participate in incident debriefing for triage and pre-hospital treatment operations. _____ _____		
[Name, Pg/Sec#]	Identify responder needs dependent on their level of involvement and/or hours committed to the incident. _____ _____		
[Name, Pg/Sec#]	Implement comprehensive stress management strategies and programs for all emergency responders and other workers. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Reestablish normal EMS operations. _____ _____		
[Name, Pg/Sec#]	Ensure postevent medical monitoring and care of pre-hospital/triage responders. _____ _____		
[Name, Pg/Sec#]	Conduct postevent analysis, including development and dissemination of lessons learned; revise plan as indicated. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Yes

No

Did discussions validate the plan?

☐ Yes ☐ No

Were participants knowledgeable of plan elements?

☐ Yes ☐ No

Did participants adequately address how to accomplish this activity?

☐ Yes ☐ No

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
_____
_____
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[EXERCISE NAME]

[EXERCISE DATE]

Operations-Based Exercise Evaluation Guide (EEG) After Action Report (AAR) Input Form

<b>Capability</b>		
<b>Activity</b>		
<b>Observation</b>	<i>[Insert a short, complete sentence that describes the general observation. Then select from the lists below whether the observation is a strength or an area for improvement. A strength is an observed action, behavior, procedure, and/or practice that is worthy of recognition and special notice. Areas for improvement are those areas in which the evaluator observed that a necessary task was not performed or that a task was performed with notable problems. Lastly, identify the capability element that this observation falls under.]</i>	
<input type="checkbox"/> Noted Strength	<input type="checkbox"/> Area for Improvement	
<b>Capability Element</b>		
<input type="checkbox"/> Equipment <input type="checkbox"/> Organization <input type="checkbox"/> Personnel	<input type="checkbox"/> Planning <input type="checkbox"/> Process <input type="checkbox"/> Training	
<b>References (Standards, Policies, or Plans)</b>	<i>[List relevant plans, policies, procedures, laws, and/or regulations, or sections of these plans, policies, procedures, laws, and/or regulations. If no references apply to the observation, it is acceptable to list "N/A" or "Not Applicable."]</i> 1. 2. 3.	
<b>Analysis</b>	<i>[Include a description of the behavior or actions at the core of the observation, as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.]</i>	
<b>Recommendations</b>	<i>[Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength without corresponding recommendations, insert "None."]</i> 1. 2. 3.	

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Animal Disease Emergency Support	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Plan and prepare to safeguard animal health. _____ _____		
[Name, Pg/Sec#]	Develop animal safety and security plans, programs, and agreements. _____ _____		
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for control of large-scale animal disease events. _____ _____		
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for long-term animal healthcare. _____ _____		
[Name, Pg/Sec#]	Develop protocols for disposing of infectious agricultural waste. _____ _____		
[Name, Pg/Sec#]	Develop plans to collect and dispose of infected material to reduce the spread of animal disease. _____ _____		
[Name, Pg/Sec#]	Implement programs to safeguard animal health. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating public information. _____ _____		
[Name, Pg/Sec#]	Facilitate the development of processes to improve security at key points and at access points of critical infrastructure. _____ _____		
[Name, Pg/Sec#]	Facilitate the development of processes to improve cargo security and screening capabilities. _____ _____		
[Name, Pg/Sec#]	Manage community assistance programs. _____ _____		
[Name, Pg/Sec#]	Develop community recovery, mitigation, and economic stabilization plans, programs, and procedures. _____ _____		
[Name, Pg/Sec#]	Collect information about threats to the Nation's food supply. _____ _____		
[Name, Pg/Sec#]	Conduct vulnerability assessments to assess vulnerability of potential targets to identified threats. _____ _____		
[Name, Pg/Sec#]	Conduct surveillance for food and agriculture safety and defense. _____ _____		
[Name, Pg/Sec#]	Evaluate intelligence and surveillance activities. _____ _____		
[Name, Pg/Sec#]	Prioritize threats. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct surveillance and information collection and produce intelligence. _____ _____		
[Name, Pg/Sec#]	Conduct border control operations. _____ _____		
[Name, Pg/Sec#]	Inspect materials for potential chemical, biological, radiological, nuclear, or high-yield explosives (CBRNE) weapons or precursors. _____ _____		
[Name, Pg/Sec#]	Use advanced information, targeting, and technology on the ground, on the water, and in the air to prevent the entry of terrorists, terrorist weapons, and other high-risk people and goods between and among States, tribes, and international trade partners. _____ _____		
[Name, Pg/Sec#]	Identify critical infrastructure and key assets within the Nation, region, State, or local area. _____ _____		
[Name, Pg/Sec#]	Map threat analysis against critical infrastructure to identify and analyze infrastructure asset vulnerabilities and critical risk. _____ _____		
[Name, Pg/Sec#]	Conduct consequence analysis of critical assets and key resources. _____ _____		
[Name, Pg/Sec#]	Implement deterrence and defense protection measures. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement detection measures such as inspection surveillance, employee monitoring, and security counterintelligence.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed After Action Report [AAR] input form.)

Strengths

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- 
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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
_____
_____
_____
_____
_____

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct training and exercise programs for distribution of prophylaxis for animal health. _____ _____		
[Name, Pg/Sec#]	Develop and implement training and procedures to enable local veterinary communities to recognize exposure to CBRNE materials and to use tools and equipment to detect the presence of CBRNE materials. _____ _____		
[Name, Pg/Sec#]	Train the public to be aware and to report suspicious items and behavior. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

_____
_____

Are personnel trained to perform these tasks?

_____
_____

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

_____
_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Animal Disease Emergency Support Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Implement plans and procedures for animal health response.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Coordinate animal-health emergency response operations.</i> <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate and provide regional and State resources and procedures for the response to an outbreak of highly contagious animal and plant diseases. _____ _____		
[Name, Pg/Sec#]	Conduct internal communications for animal health response. _____ _____		
[Name, Pg/Sec#]	Coordinate animal safety and biosecurity response. _____ _____		
[Name, Pg/Sec#]	Provide coordination and support for animal healthcare through the Incident Command System (ICS). _____ _____		
[Name, Pg/Sec#]	Coordinate animal health disease outbreak assessment activities. _____ _____		
[Name, Pg/Sec#]	Provide coordination and support for implementation of a local, regional, or national distribution system for mass animal therapeutics and vaccination program. _____ _____		
[Name, Pg/Sec#]	Coordinate emergency public information regarding animal health issues through the Joint Information System (JIS). _____ _____		
[Name, Pg/Sec#]	Exchange and disseminate data as necessary for appropriate animal treatment. _____ _____		
[Name, Pg/Sec#]	Coordinate site cleanup. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide personal protective equipment (PPE) to personnel involved in animal health response site operations and cleanup.   		
[Name, Pg/Sec#]	Coordinate epidemiological investigations and lab testing for disease outbreaks.   		
[Name, Pg/Sec#]	Establish and maintain information systems across animal-health related response entities.   		
[Name, Pg/Sec#]	Coordinate food and agriculture emergency management plans at the local, State, and national levels.   		
[Name, Pg/Sec#]	Direct and coordinate food and agricultural safety and defense operations.   		
[Name, Pg/Sec#]	Coordinate transportation response.   		
[Name, Pg/Sec#]	Allocate, mobilize, and manage resources for animal health operations.   		
[Name, Pg/Sec#]	Track and report resources for animal health operations.   		

### Task Analysis

Are personnel identified to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

--	--

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Animal Disease Emergency Support**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate animal health operations. _____ _____		
[Name, Pg/Sec#]	Establish and maintain animal health response communication systems across responsible entities. _____ _____		
[Name, Pg/Sec#]	Monitor and coordinate response team's possessions and deliveries of needed supplies. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

☐

☐

Were participants knowledgeable of plan elements?

☐

☐

Did participants adequately address how to accomplish this activity?

☐

☐

**Observations (Each bullet will need a completed AAR input form.)**

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**Conduct Animal Health Epidemiological Investigation and Surveillance**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct ongoing monitoring and surveillance of agricultural and animal health safety and security. _____ _____		
[Name, Pg/Sec#]	Conduct epidemiological investigation as surveillance reports warrant and coordinate Federal, State, and local veterinary assets and services. _____ _____		
[Name, Pg/Sec#]	Coordinate Federal, State, and local veterinary assets and services. _____ _____		
[Name, Pg/Sec#]	Determine whether foreign animal disease agent is intentional or accidental. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct animal tracing to determine source, destination, and disposition of affected animals. _____ _____		
[Name, Pg/Sec#]	Determine whether an emerging infectious animal disease agent or a biological threat agent consists of single or multiple strains. _____ _____		
[Name, Pg/Sec#]	Coordinate with vector control experts to conduct surveillance and monitoring of animal infections until population densities and infection rates return to preevent levels. _____ _____		
[Name, Pg/Sec#]	Obtain samples for lab testing. _____ _____		
[Name, Pg/Sec#]	Search for materials. _____ _____		
[Name, Pg/Sec#]	Dispose of materials suspected of being, or known to be, dangerous. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Implement Disease Containment Measures**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement plans, procedures, protocols, and systems for distribution of mass prophylaxis from the National Veterinary Stockpile (NVS).  _____ _____		
[Name, Pg/Sec#]	Implement animal control measures, i.e., for infected animals threatening the public's health (also includes stray pets/domestic animals and communal wild animals).  _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate and support implementation of protective actions to stop the spread of disease. _____ _____		
[Name, Pg/Sec#]	Provide human vaccination during animal health emergency if needed. _____ _____		
[Name, Pg/Sec#]	Conduct strategic vaccinations or treatments of animals. _____ _____		
[Name, Pg/Sec#]	Implement plans to collect and dispose of infected material to reduce the spread of animal disease. _____ _____		
[Name, Pg/Sec#]	Coordinate cleaning and decontamination of affected food facilities. _____ _____		
[Name, Pg/Sec#]	Determine wildlife exposure and disposition. _____ _____		
[Name, Pg/Sec#]	Conduct hazardous materials response for disinfectants used in animal health response. _____ _____		
[Name, Pg/Sec#]	Coordinate and conduct environmental decontamination for animal health response. _____ _____		
[Name, Pg/Sec#]	Implement protocols for disposing of infectious agricultural waste. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Animal Welfare**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct an animal safety and biosecurity response. _____ _____		
[Name, Pg/Sec#]	Provide husbandry services. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

☐

☐

Were participants knowledgeable of plan elements?

☐

☐

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Conduct Euthanasia/Disposal**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Euthanize animals to prevent spread of disease. _____ _____		
[Name, Pg/Sec#]	Collect and dispose of animal health response materials. _____ _____		
[Name, Pg/Sec#]	Coordinate with appropriate agencies to implement disposal methods for agricultural waste, including carcasses, that reduce the spread of animal disease. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Demobilize Animal Disease Emergency Support Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop an animal health response operation demobilization plan.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement the animal health response operation demobilization plan. _____ _____		
[Name, Pg/Sec#]	Restore animal health response personnel and equipment to normal operations. _____ _____		
[Name, Pg/Sec#]	Complete appropriate documentation for demobilization of animal health operations. _____ _____		
[Name, Pg/Sec#]	Coordinate recovery operations. _____ _____		
[Name, Pg/Sec#]	Coordinate establishment of long-term monitoring of the environment. _____ _____		
[Name, Pg/Sec#]	Conduct long-term environmental impact assessments. _____ _____		
[Name, Pg/Sec#]	Provide engineering and other support for structures, public works, and infrastructure systems. _____ _____		
[Name, Pg/Sec#]	Provide economic stabilization, community recovery, and mitigation support and/or financial restitution to key service sectors (e.g., medical, financial, public health and safety). _____ _____		
[Name, Pg/Sec#]	Provide financial management and reimbursement to affected agriculture entities. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate economic stabilization.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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- 
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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

***\*\*Customize this template based on objectives to meet exercise needs\*\****

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____
_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

CBRNE Detection	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain plans and processes for chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) detection and communication operations. _____ _____		
[Name, Pg/Sec#]	Develop regional CBRNE coordination plans or activities involving all Federal, State, local, tribal, and private stakeholders. _____ _____		
[Name, Pg/Sec#]	Develop policies and protocols for determining appropriate locations for detection operations (interdiction points) for each CBRNE agent. _____ _____		
[Name, Pg/Sec#]	Develop processes to identify, acquire, and integrate appropriate detection technology in operational environments for each CBRNE agent. _____ _____		
[Name, Pg/Sec#]	Develop protocols for resolving CBRNE alarms. _____ _____		
[Name, Pg/Sec#]	Develop procedures on how to receive threat information from law enforcement/intelligence agencies regarding CBRNE agents. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop procedures on how to notify appropriate officials of CBRNE detection results. _____ _____		
[Name, Pg/Sec#]	Develop standards for detection technologies for each CBRNE agent, including sensitivity and selectivity standards. _____ _____		
[Name, Pg/Sec#]	Develop and implement global standards for cargo screening for each CBRNE agent in coordination with transportation screening. _____ _____		
[Name, Pg/Sec#]	Develop and implement equipment acquisition and certification standards for each CBRNE agent. _____ _____		
[Name, Pg/Sec#]	Develop technology standards for existing detection technologies used by the government and private sector for each CBRNE agent. _____ _____		
[Name, Pg/Sec#]	Develop technology standards for emerging detection technologies for each CBRNE agent. _____ _____		
[Name, Pg/Sec#]	Validate analytical methods to detect CBRNE material. _____ _____		
[Name, Pg/Sec#]	Establish policies and agreements to enhance and maintain adequate resources and technologies for detection operations for each CBRNE agent. _____ _____		
[Name, Pg/Sec#]	Establish coordination and/or mutual aid agreements with external CBRNE detection and alarm resolution capabilities. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish protocols to ensure that technical support (either onsite or reachback) is available during detection operations for each CBRNE agent.   		
[Name, Pg/Sec#]	Identify financial and technological gaps in detection resources for each CBRNE agent.   		
[Name, Pg/Sec#]	Acquire and allocate resources to address identified financial gaps in detection for each CBRNE agent.   		
[Name, Pg/Sec#]	Establish a research and development program to address shortfalls in technologies for detecting CBRNE material.   		
[Name, Pg/Sec#]	Establish policies and agreements to facilitate the sharing and dissemination of information on CBRNE detection across stakeholders.   		
[Name, Pg/Sec#]	Develop processes for obtaining data regarding evolving CBRNE threats in coordination with the information sharing and dissemination capability.   		
[Name, Pg/Sec#]	Develop procedures to facilitate the exchange of CBRNE detection-related information and data among Federal, State, local, and tribal agencies.   		
[Name, Pg/Sec#]	Establish policies and procedures for detection of each CBRNE agent and the communication of CBRNE detection results and warnings.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish and maintain an interoperable information network for detection of each CBRNE agent. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and implement a program to conduct detection of each CBRNE agent at critical infrastructure/key resources (CI/KR) in coordination with the Critical Infrastructure Protection capability. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct a CBRNE threat assessment to CI/KR. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct detection requirements analysis for each CBRNE agent for CI/KR. <hr/> <hr/>		
[Name, Pg/Sec#]	Identify locations to place detection devices at CI/KR for each CBRNE agent. <hr/> <hr/>		
[Name, Pg/Sec#]	Prioritize and allocate CBRNE detection resources to CI/KR in coordination with the Critical Infrastructure Protection capability. <hr/> <hr/>		
[Name, Pg/Sec#]	Deploy fixed and mobile detection resources to CI/KR for each CBRNE agent. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain training programs to support CBRNE detection and communication operations.  		
[Name, Pg/Sec#]	Identify personnel for CBRNE detection training.  		
[Name, Pg/Sec#]	Develop and implement training to enable personnel (e.g., first responders, law enforcement, intelligence, and medical community) to recognize the presence of CBRNE material.  		
[Name, Pg/Sec#]	Establish key personnel training standards for CBRNE detection.  		
[Name, Pg/Sec#]	Provide CBRNE support equipment and threat device handling training to operations and investigation personnel.  		
[Name, Pg/Sec#]	Develop and implement public education campaigns and trainings for CBRNE awareness.  		
[Name, Pg/Sec#]	Publish and distribute CBRNE detection awareness material.  		
[Name, Pg/Sec#]	Test and exercise CBRNE detection and communication protocols regularly.  		
[Name, Pg/Sec#]	Prepare After Action Reports (AARs), and update CBRNE detection and communication protocols as necessary, based on lessons learned during exercises.  		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Detect CBRNE**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct CBRNE detection operations in communities for illegal manufacture and/or use. _____ _____		
[Name, Pg/Sec#]	Investigate a venue for the possible placement of a CBRNE device. _____ _____		
[Name, Pg/Sec#]	Detect the use of CBRNE material in a community and/or venue. _____ _____		
[Name, Pg/Sec#]	Conduct continuous and ad hoc CBRNE material detection in a community and/or venue. _____ _____		
[Name, Pg/Sec#]	Detect illegal manufacturing of CBRNE material at potential manufacturing sites. _____ _____		
[Name, Pg/Sec#]	Conduct CBRNE detection operations at key transportation points. _____ _____		
[Name, Pg/Sec#]	Detect CBRNE material on people or items entering or boarding events, aircraft, mass transit, or other high-impact targets. _____ _____		
[Name, Pg/Sec#]	Inspect and monitor cargo at key interdiction points for potential CBRNE material. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify potential CBRNE material at key interdiction points that require further inspection. _____ _____		
[Name, Pg/Sec#]	Detect the ground, air, and sea transport and/or deployment of CBRNE material into and within the United States and its territories. _____ _____		
[Name, Pg/Sec#]	Screen people to detect CBRNE material at all ports of entry. _____ _____		
[Name, Pg/Sec#]	Screen material (e.g., baggage, mail) to detect CBRNE material at all ports of entry (e.g., sea and airports, border crossing points). _____ _____		
[Name, Pg/Sec#]	Provide point and standoff detection resources. _____ _____		
[Name, Pg/Sec#]	Conduct CBRNE detection operations at CI/KR locations. _____ _____		
[Name, Pg/Sec#]	Screen people to detect CBRNE material at all CI/KR locations. _____ _____		
[Name, Pg/Sec#]	Screen material (e.g., baggage, mail) to detect CBRNE material at all CI/KR. _____ _____		
[Name, Pg/Sec#]	Use intelligence information to focus CBRNE material searches and surveillance activities. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Use intelligence information to target suspect containers or shipments.   		
[Name, Pg/Sec#]	Detect the theft or diversion of CBRNE materials.   		
[Name, Pg/Sec#]	Coordinate with animal health and epidemiological surveillance to focus CBRNE detection on public health and medical information (e.g., syndromic surveillance and medical diagnostic tests).   		
[Name, Pg/Sec#]	Implement protocols for resolving CBRNE alarms and the detection of suspect material.   		
[Name, Pg/Sec#]	Document and maintain results from detection alarms and responses.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Identify and/or Characterize CBRNE Material**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p>Conduct additional screenings to confirm the presence of CBRNE materials.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Provide samples to relevant entities (e.g., public health or animal health laboratories, law enforcement, forensic laboratories) for additional assessments, as necessary.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Conduct appropriate tests and assessments to characterize and identify detected CBRNE material.</p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Determine whether detected CBRNE material is a threat. _____ _____		
[Name, Pg/Sec#]	Gather CBRNE material detection information that can be used in attribution efforts to appropriate personnel, including law enforcement and intelligence community personnel. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

Did discussions validate the plan?

**Yes**

**No**

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Communicate CBRNE Detection Incidents**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate CBRNE material threat and discovery information with intelligence, public safety, public health, and other appropriate agencies. _____ _____		
[Name, Pg/Sec#]	Notify appropriate personnel (e.g., intelligence community, law enforcement personnel, first responders, public) of CBRNE detection data and results. _____ _____		
[Name, Pg/Sec#]	Communicate data and observations using appropriate formats and standards. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Citizen Evacuation and Shelter-in-Place	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, and protocols to manage evacuations and sheltering in place. _____ _____		
[Name, Pg/Sec#]	Develop evacuation procedures for populations and locations at risk (including high-density areas, neighborhoods, high-rise buildings, subways, airports, special events venues, etc.) and institutions that should begin evacuations early (e.g., hospitals, nursing homes, long-term care facilities, correctional facilities). _____ _____		
[Name, Pg/Sec#]	Develop and distribute public education materials on evacuation/shelter-in-place preparation, plans, and procedures. _____ _____		
[Name, Pg/Sec#]	Participate in citizen preparedness activities to ensure that public information on evacuation/shelter-in-place preparation and processes is effectively communicated. _____ _____		
[Name, Pg/Sec#]	Develop and implement programs to train local citizens on evacuation, reentry, and shelter-in place processes. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in establishment of public information announcements to be issued as part of evacuation/shelter-in-place orders.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and implement plans and procedures to identify in advance populations that require assistance during evacuation/sheltering in place.  <hr/> <hr/>		
[Name, Pg/Sec#]	Establish a registry of populations that require assistance during evacuation/sheltering in place.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and implement procedures to identify and arrange for transportation to accommodate immobilized individuals or others who require special assistance during transport.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans and procedures for identifying during an incident those populations that require assistance with evacuation, including identification of type of assistance required.  <hr/> <hr/>		
[Name, Pg/Sec#]	Establish processes to ensure that immobilized and other individuals who require special assistance can be moved to collection points for evacuation.  <hr/> <hr/>		
[Name, Pg/Sec#]	Establish processes for identifying and collecting individuals who do not go to collection points.  <hr/> <hr/>		
[Name, Pg/Sec#]	Preidentify evacuee collection points and staging/reception areas (for immediate sheltering/processing).  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Prearrange contracts and agreements to ensure provision of transportation vehicles and drivers during an incident.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Identify and arrange for the staging and use of resources from outside the planning area.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop plans and procedures to get resources to those who have sheltered in place (long term—3 days or more).</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop plans and procedures for coordinating with other agencies to meet basic needs during evacuation.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop agreements with neighboring areas regarding the movement and receipt of evacuees from the affected area.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop plans and procedures for evacuation/shelter-in-place of companion animals.</i> <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement training programs for staff members involved in evacuation/shelter-in-place implementation.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and implement exercises involving evacuation of various types of locations to local shelters as well as more distant cities.  <hr/> <hr/>		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assess the training and exercise gaps. _____ _____		
[Name, Pg/Sec#]	Review existing training and exercise resources available for participation and/or inclusion in comprehensive training and exercise strategy. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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***Direct Evacuation and/or In-Place Protection Tactical Operations***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify populations, institutions (e.g., hospitals, nursing homes, correctional facilities) and locations to be evacuated or sheltered in place. _____ _____		
[Name, Pg/Sec#]	Coordinate with law enforcement to identify risk (e.g., from a potential terrorist attack) to transportation infrastructure that may be used for evacuation. _____ _____		
[Name, Pg/Sec#]	Coordinate with law enforcement to anticipate secondary attack, and identify security and survival vulnerabilities of the evacuated or sheltered population and protective countermeasures. _____ _____		
[Name, Pg/Sec#]	Identify appropriate decisionmaking authority responsible for deciding a course of action to address the incident. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Determine appropriate course of action to address the incident. _____ _____		
[Name, Pg/Sec#]	Coordinate with serving public service answering points (PSAPs) regarding communication of the evacuation and/or shelter-in-place decision. _____ _____		
[Name, Pg/Sec#]	Reassess evacuation/shelter-in-place plans, and begin implementation. _____ _____		
[Name, Pg/Sec#]	Reassess location of evacuation collection points and staging areas identified in plans, and adjust as needed. _____ _____		
[Name, Pg/Sec#]	Coordinate with mass care, medical, and other services to set up evacuation staging areas. _____ _____		
[Name, Pg/Sec#]	Reassess emergency evacuation routes, and adjust as needed. _____ _____		
[Name, Pg/Sec#]	Coordinate with transportation agencies to implement evacuation plans. _____ _____		
[Name, Pg/Sec#]	Coordinate with mass care services to identify location of shelter facilities and other mass care services for evacuees. _____ _____		
[Name, Pg/Sec#]	Coordinate with mass care agencies to assess the need for emergency feeding and sheltering activities. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with appropriate agencies regarding caring for companion animals in transit. _____ _____		
[Name, Pg/Sec#]	Coordinate medical assistance for special-needs evacuees in transit. _____ _____		
[Name, Pg/Sec#]	Notify appropriate agencies of anticipated medical assistance required upon arrival at temporary locations (e.g., staging area, shelters). _____ _____		
[Name, Pg/Sec#]	Coordinate with hazardous materials (HazMat) personnel to conduct decontamination of evacuees, including those with disabilities and medical needs (including their equipment). _____ _____		
[Name, Pg/Sec#]	Coordinate with environmental health personnel to monitor progress of affected area to determine when reentry is deemed appropriate. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Activate Evacuation and/or In-Place Protection**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify and mobilize appropriate personnel. _____ _____		
[Name, Pg/Sec#]	Issue shelter-in-place order. _____ _____		
[Name, Pg/Sec#]	Issue evacuation order. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with agencies providing emergency public information and warning to ensure effective communication of evacuation/shelter-in-place order and procedures.   		
[Name, Pg/Sec#]	Determine locations of populations that may need assistance with evacuation from affected area (e.g., using preestablished registry of populations in facilities).   		
[Name, Pg/Sec#]	Implement plan to capture self-reporting by those who require assistance with evacuation (e.g., via hotline).   		
[Name, Pg/Sec#]	Conduct triage upon identification of at-risk populations to determine type of assistance required.   		
[Name, Pg/Sec#]	Implement systems for tracking evacuees and those who shelter in place.   		
[Name, Pg/Sec#]	Implement notification protocols for communication to PSAPs (911 centers).   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained?		
<hr/>		
<hr/>		
What key decisions would need to be made? Who would make them?		
<hr/>		
<hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths		
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>		
Areas for Improvement		
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>		
Additional Observations: <hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

**Implement Evacuation Orders for General Population**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide public notification agencies with information to provide instructions for evacuation.		
	<hr/>		
	<hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate approved traffic control plan. _____ _____		
[Name, Pg/Sec#]	Coordinate with appropriate agencies regarding support for traffic control. _____ _____		
[Name, Pg/Sec#]	Provide information regarding evacuation staging area location. _____ _____		
[Name, Pg/Sec#]	Implement procedures for allowing voluntary tracking of evacuees who participate voluntarily. _____ _____		
[Name, Pg/Sec#]	Monitor evacuation traffic flow/demand, and adjust evacuation traffic management plan and measures as appropriate. _____ _____		
[Name, Pg/Sec#]	Provide services (e.g., gas, food, water, tow trucks) along the evacuation route(s). _____ _____		
[Name, Pg/Sec#]	Monitor evacuation traffic to identify those who are no longer able to self-evacuate and require specialized assistance. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Collect and Evacuate Population Requiring Assistance**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Order transportation services for evacuation.</i> <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with supporting agencies and prearranged providers to obtain appropriate means of transportation for those who require transportation assistance (e.g., buses, ambulances, handicap-assisted vans).   		
[Name, Pg/Sec#]	Implement plans for providing alternative means of transport for immobilized individuals or those who need other special assistance in transit.   		
[Name, Pg/Sec#]	Provide appropriate specialized transportation services for those who require additional support during evacuation.   		
[Name, Pg/Sec#]	Coordinate provision of medical support services for evacuating special-needs populations.   		
[Name, Pg/Sec#]	Collect individuals at preestablished collection points, and transfer to staging/reception area.   		
[Name, Pg/Sec#]	Collect individuals at nonspecified locations, and transfer to staging/reception area.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Operate Evacuation Staging/Reception Area**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Establish evacuation staging/reception area.</i> <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct security sweeps of evacuation staging/reception areas prior to occupancy if incident is a terrorist attack or suspected terrorist attack.  		
[Name, Pg/Sec#]	Provide, in coordination with mass care, for basic needs support and processing of evacuated individuals and companion animals in preparation for further movement.  		
[Name, Pg/Sec#]	Provide, in coordination with medical care, access to medical services for evacuated individuals in staging/reception area.  		
[Name, Pg/Sec#]	Provide, in coordination with weapons of mass destruction (WMD) and HazMat response capability, for decontamination of evacuated individuals if necessary (including those with medical needs).  		
[Name, Pg/Sec#]	Coordinate with appropriate agencies to address needs of those who require assistance.  		
[Name, Pg/Sec#]	Provide tracking of people who need evacuation assistance.  		
[Name, Pg/Sec#]	Provide voluntary registration/tracking system for the general population to support reunification.  		

### Task Analysis

Are personnel identified to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Manage Incoming Evacuees**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Establish reception areas/centers for evacuees in the host jurisdiction.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Monitor traffic movement of self-evacuees into/through area, and redirect as necessary.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Coordinate with support agencies to provide short-term needs for evacuees such as directions, information, shelter, medical care, and other assistance.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Plan, in coordination with social service agencies, for long-term support for evacuees (e.g., temporary housing, schools, job searches).</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Implement In-Place Protection Procedures**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p>Identify steps to reduce infiltration of hazard(s).</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Ensure access to emergency communications while sheltered in place.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Use the Emergency Alerts System and PSAPs to advise and update on information regarding incident.</p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Assist Reentry**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Adapt and implement reentry plans as officials announce areas within the region to be approved for reentry.  <hr/> <hr/>		
[Name, Pg/Sec#]	Assist in the reentry of people and pets into evacuated areas when appropriate and safe.  <hr/> <hr/>		
[Name, Pg/Sec#]	Provide reentry information to the public on a timely and ongoing basis.  <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate with appropriate agencies to provide instructions and information if reentry is not feasible.  <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Demobilize Citizen Evacuation and Shelter-in-Place Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Arrange for decontamination of equipment, supplies, and personnel used in evacuation/in-place protection. _____ _____		
[Name, Pg/Sec#]	Participate in incident debriefing on evacuation/in-place protection implementation. _____ _____		
[Name, Pg/Sec#]	Release personnel supporting evacuation/in-place protection. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

**Communications**

*Relevant Exercise Objectives*

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**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop communication plans, policies, procedures, and systems that support required communications with all Federal, regional, State, local, and tribal governments and agencies as well as voluntary agencies. _____ _____		
[Name, Pg/Sec#]	Develop procedures for the exchange of voice and data with Federal, regional, State, local, and tribal agencies as well as voluntary agencies. _____ _____		
[Name, Pg/Sec#]	Develop supplemental and backup communications and information technology plans, procedures, and systems. _____ _____		
[Name, Pg/Sec#]	Identify emergency communications and data requirements for each stakeholder. _____ _____		
[Name, Pg/Sec#]	Develop a continuous improvement plan that enriches interoperable communications to provide advanced customer service, reliability, and operational effectiveness. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Complete an assessment of standard communication capabilities for the public safety answering points (PSAPs) and public safety communication centers to ensure an appropriate continuity of operations (COOP) plan is in place for public safety and service agencies' communications.   		
[Name, Pg/Sec#]	Develop plans to provide telecommunications and information technology support to Federal, regional, State, tribal, and local officials and the private sector.   		
[Name, Pg/Sec#]	Design reliable, redundant, and robust communications systems for daily operations capable of quickly reconstituting normal operations in the event of disruption or destruction.   		
[Name, Pg/Sec#]	Coordinate procurement and placement of communication systems based on a gap analysis of requirements versus existing capabilities.   		
[Name, Pg/Sec#]	Develop information systems protection procedures.   		
[Name, Pg/Sec#]	Develop and maintain automated credential verification systems to ensure proper credentialing for controlled access areas.   		
[Name, Pg/Sec#]	Establish and maintain information systems across response entities.   		
[Name, Pg/Sec#]	Develop interoperable telecommunication and information technology systems across governmental departments and agencies.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Develop and implement awareness training programs for response communications.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop exercises/drills of sufficient intensity to challenge management and operations and to test the knowledge, skills, and abilities of individuals and organizations for response communications.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop and conduct training to improve all-hazards incident management capability for response communications.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Conduct an after action review to determine strengths and shortfalls, and develop a corrective plan accordingly for response communications.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Alert and Dispatch**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p>Implement incident communications interoperability plans and protocols.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Communicate incident response information.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers.</p> <p>_____</p> <p>_____</p>		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Request external resources using the Emergency Management Assistance Compact (EMAC) and other mutual aid/assistance processes (inter- and intra-State).   		
[Name, Pg/Sec#]	Initiate documentation process of required forms and followup notations.   		
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications.   		
[Name, Pg/Sec#]	Ensure that all critical communications networks are functioning.   		
[Name, Pg/Sec#]	Implement procedures to protect information facility and communication network systems.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Provide Incident Command, First Responder, First Receiver, and/or Interoperable Communications**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement incident communications interoperability plans and protocols. _____ _____		
[Name, Pg/Sec#]	Communicate incident response information. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate incident site communications to be consistent with the National Incident Management System (NIMS) framework. <hr/> <hr/>		
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers. <hr/> <hr/>		
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications. <hr/> <hr/>		
[Name, Pg/Sec#]	Ensure that all critical communication networks are functioning. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish and maintain response communication systems onsite. <hr/> <hr/>		
[Name, Pg/Sec#]	Implement procedures to protect information facility and communication network systems. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Provide Emergency Operations Center (EOC) Communications Support**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement incident communications interoperability plans and protocols. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Communicate incident response information. _____ _____		
[Name, Pg/Sec#]	Inform staff and management of interoperable communication requirements. _____ _____		
[Name, Pg/Sec#]	Provide direction, information, and/or support as appropriate to Incident Command or Unified Command and/or joint field office(s). _____ _____		
[Name, Pg/Sec#]	Coordinate and provide telecommunications and information technology support to Federal, regional, State, tribal, and local officials and the private sector(s). _____ _____		
[Name, Pg/Sec#]	Establish and ensure connectivity with the EOC/Multiagency Coordination Center (MACC). _____ _____		
[Name, Pg/Sec#]	Coordinate communications policy and procedure across response entities. _____ _____		
[Name, Pg/Sec#]	Establish and maintain response communication systems onsite. _____ _____		
[Name, Pg/Sec#]	Establish and maintain interoperable information systems network within the EOC. _____ _____		
[Name, Pg/Sec#]	Coordinate placement of latest technology that is available to agencies participating in response. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure redundant communication circuits/channels are available for use.   		
[Name, Pg/Sec#]	Ensure that all critical communication networks are functioning.   		
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers.   		
[Name, Pg/Sec#]	Maintain a common operating picture (COP) for real-time sharing of information with all participating entities to ensure all responder agencies are working from the same information.   		
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications.   		
[Name, Pg/Sec#]	Implement procedures to protect information facility and communication network systems.   		
[Name, Pg/Sec#]	Coordinate and open State communication support/channels to local and tribal government and the private sector to assist in awareness, prevention, response, and recovery communication activities.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Federal Facilities, Task Force, and Recovery Assistance Interoperable Communications**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement incident communications interoperability plans and protocols.  		
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers.  		
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Return to Normal Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers. _____ _____		
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications. _____ _____		
[Name, Pg/Sec#]	Develop communications section of the demobilization plan. _____ _____		
[Name, Pg/Sec#]	Initiate interoperable deactivation procedures. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Monitor communications demobilization. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

***\*\*Customize this template based on objectives to meet exercise needs\*\****

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

### Community Preparedness and Participation

#### Relevant Exercise Objectives

☐☐☐☐☐☐

### **Establish Collaborative Structure and Process for Government and Nongovernmental Entities at All Levels**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish leadership support at the national, State, local, and tribal levels for Citizen Corps Councils. _____ _____		
[Name, Pg/Sec#]	Establish and maintain Citizen Corps Councils at all levels of government: Federal, State, local, and tribal. _____ _____		
[Name, Pg/Sec#]	Establish a strategic plan for the Citizen Corps Council's jurisdiction to engage all residents in preparedness, training, drills/exercises, and volunteer support, taking into account the jurisdiction's potential threats, critical infrastructure, population density, and population composition. _____ _____		
[Name, Pg/Sec#]	Develop all-hazards preparedness requirements and a process to sustain citizen capabilities. _____ _____		
[Name, Pg/Sec#]	Implement a process to count and assess membership of Citizen Corps Councils. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed After Action Report [AAR] input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

***Integrate Public Outreach and Nongovernmental Resources into Emergency Operations Plans (EOPs) and Exercises***

<b>Plan Reference</b>	<b>Task</b>	<b>Task Discussed</b>	<b>Not Discussed</b>
[Name, Pg/Sec#]	<i>Integrate citizen participation in the planning process at all levels.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals with disabilities and their caregivers.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals who do not speak English.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals with low income and limited resources.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for age-related issues and concerns.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for companion and service animals.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Integrate nongovernmental entities, volunteers, and the general public in exercise planning, implementation, and review of all levels (national/international, regional, State, local, tribal, urban) and types of exercises (all hazards, terrorism, bioterrorism, natural disasters).</i> <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish and maintain a database of the jurisdiction's nongovernmental assets, including entities that manage trained and skilled volunteers, unaffiliated volunteers, and donated goods.   		
[Name, Pg/Sec#]	Establish necessary standby contracts, memorandums of agreement (MOAs), and memorandums of understanding (MOUs) with appropriate private-sector and nongovernmental organizations to augment government resources with National Incident Management System (NIMS)-credentialed volunteers and NIMS-typed materials.   		
[Name, Pg/Sec#]	Establish and maintain a process to evaluate citizen preparedness and participation and to recognize exemplary citizens in preparedness programs.   		
[Name, Pg/Sec#]	Implement processes to evaluate and periodically reassess citizen-related component of EOPs, including alerts and warnings, public education and emergency public information, evacuations, mass care, and nongovernmental resource management.   		
[Name, Pg/Sec#]	Implement a process to evaluate nongovernmental participation in exercises at all levels.   		
[Name, Pg/Sec#]	Support community infrastructure to achieve appropriate levels of preparedness, including developing communitywide automated alert and warning systems and training citizens working in critical infrastructure locations.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Education and Training for the Public in All Mission Areas**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Plan, conduct, and evaluate public education programs for citizen prevention, protection/mitigation, response, and recovery capabilities.   		
[Name, Pg/Sec#]	Provide continuing education and training for the public on prevention, protection, and mitigation measures; community emergency response plans; alerts and warnings (including threat levels); evacuation/in-place protection plans and exercises; participating in government-sponsored emergency exercises; volunteer opportunities and training for year-round volunteer roles; or surge capacity roles in response and recovery.   		
[Name, Pg/Sec#]	Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals with disabilities and their caregivers.   		
[Name, Pg/Sec#]	Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals who do not speak English.   		
[Name, Pg/Sec#]	Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals with low income and limited resources.   		
[Name, Pg/Sec#]	Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for companion and service animals.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Train the public to be aware and to report suspicious items and behavior. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide crime prevention, counterterrorism, and public education program materials in multiple languages. <hr/> <hr/>		
[Name, Pg/Sec#]	Assist owners of critical infrastructure in increasing security measures and strengthening connection to local law enforcement through Citizen Corps Councils. <hr/> <hr/>		
[Name, Pg/Sec#]	Strengthen community-oriented policing philosophy by providing volunteer opportunities to support local law enforcement. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish jurisdictional citizen educational programs on personal protective measures, disaster kits, and communications plans. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and provide community preparedness public education program and materials for at-risk populations. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and provide community preparedness public education program and materials for non-English-speaking communities and special-needs populations. <hr/> <hr/>		
[Name, Pg/Sec#]	Support education and training on automated alerts and warnings and related responses. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement a process to assess citizen preparedness and implement longitudinal tracking.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**Provide Volunteer Opportunities: Year Round and in Surge Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and sustain volunteer opportunities for citizens to support local emergency responders and community safety efforts year round, including necessary training and equipment. _____ _____		
[Name, Pg/Sec#]	Develop NIMS credentialing for volunteer surge capacity job functions to support all Emergency Support Functions (ESFs) and annexes. _____ _____		
[Name, Pg/Sec#]	Develop and implement training and exercise programs to enable citizens to support emergency response and recovery operations. _____ _____		
[Name, Pg/Sec#]	Implement a process to track numbers of volunteers who participate in ongoing volunteer programs. _____ _____		
[Name, Pg/Sec#]	Implement a process to track numbers of volunteers who participate in surge capacity roles. _____ _____		
[Name, Pg/Sec#]	Implement liability coverage for volunteer activity for appropriate jurisdiction. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Incident Response**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement public, volunteers, and nongovernmental entity roles in EOPs.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Critical Infrastructure Protection (CIP)	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop National Infrastructure Protection Plan (NIPP). _____ _____		
[Name, Pg/Sec#]	Establish a national CIP research and development program. _____ _____		
[Name, Pg/Sec#]	Develop sector-specific plans (SSPs). _____ _____		
[Name, Pg/Sec#]	Develop State and/or regional CIP plans. _____ _____		
[Name, Pg/Sec#]	Develop a national risk assessment methodology and standards for critical infrastructure/key resources (CI/KR). _____ _____		
[Name, Pg/Sec#]	Develop risk assessment tools. _____ _____		
[Name, Pg/Sec#]	Establish government coordinating councils (GCCs) for each sector. _____ _____		
[Name, Pg/Sec#]	Establish sector coordinating councils (SCCs) for each sector. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate development of standard guidelines for physical security programs. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop strategies and guidelines for cyber infrastructure protection. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop strategies and guidelines for protection of infrastructure personnel. <hr/> <hr/>		
[Name, Pg/Sec#]	Define a sector-specific list of infrastructure assets, systems, networks, and functions. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop sector-specific security goals. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop national metrics to measure progress and to assess effectiveness of the national CI/KR protection program. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop sector-specific metrics to measure progress and to assess effectiveness of the sector-specific CI/KR protection programs. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

***Develop and Maintain Training and Exercise Programs***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement risk and vulnerability assessment training.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop a system to "Red Team" CIP measures and technology. _____ _____		
[Name, Pg/Sec#]	Develop and conduct exercise programs to test CI/KR protection plans. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Coordinate and Manage Critical Infrastructure Protection (CIP)**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Operate public-private partnerships for CIP activities. _____ _____		
[Name, Pg/Sec#]	Operate sector-specific GCCs. _____ _____		
[Name, Pg/Sec#]	Operate sector-specific SCCs. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Identify Critical Infrastructure/Key Resources (CI/KR)**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop selection criteria to identify CI/KR.  <hr/> <hr/>		
[Name, Pg/Sec#]	Identify CI/KR within the Nation, region, State, or local area.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Assess Risks

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct a consequence analysis to determine which assets, systems, networks, and functions are high consequence and therefore require risk assessment. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct vulnerability assessments on high-consequence assets, systems, networks, and functions. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct detailed threat assessments on high-consequence assets, systems, networks, and functions. <hr/> <hr/>		
[Name, Pg/Sec#]	Determine risk profiles of high-consequence assets, systems, networks, and functions. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct an interdependency analysis to determine the relationship of risks within and across sectors. <hr/> <hr/>		
[Name, Pg/Sec#]	Share the assessment of sector-specific infrastructure risk with interdependent entities within appropriate sectors. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Prioritize**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Prioritize high-risk CI/KR for consideration of protective measures.		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Protect**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement surge capacity plans to increase CIP capacity during a crisis. _____ _____		
[Name, Pg/Sec#]	Implement surge capacity plans to increase CIP protection during a crisis. _____ _____		
[Name, Pg/Sec#]	Develop protective programs and plans to reduce the general level of risk for the highest risk CI/KR. _____ _____		
[Name, Pg/Sec#]	Develop protective programs and plans to respond to and recover from specific threat-initiated actions. _____ _____		
[Name, Pg/Sec#]	Implement programs to defend and devalue physical CI/KR. _____ _____		
[Name, Pg/Sec#]	Implement programs to defend and devalue physical CI/KR. _____ _____		
[Name, Pg/Sec#]	Implement detection measures such as inspection surveillance, employee monitoring, and security counterintelligence. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Measure Effectiveness**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Collect national metrics data. _____ _____		
[Name, Pg/Sec#]	Analyze national metrics data. _____ _____		
[Name, Pg/Sec#]	Collect sector-specific metrics data. _____ _____		
[Name, Pg/Sec#]	Analyze sector-specific metrics data. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Critical Resource Logistics and Distribution	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for resource management in accordance with the National Incident Management System (NIMS), and include pre-positioning of resources to efficiently and effectively respond to an event. _____ _____		
[Name, Pg/Sec#]	Establish plans and systems for resource identification, typing, and inventorying. _____ _____		
[Name, Pg/Sec#]	Establish plans and systems for acquiring and ordering resources. _____ _____		
[Name, Pg/Sec#]	Establish plans and systems for mobilizing and allocating resources. _____ _____		
[Name, Pg/Sec#]	Establish plans and systems for resource recovery and reimbursement. _____ _____		
[Name, Pg/Sec#]	Establish plans and procedures for coordinating with nongovernmental and private-sector organizations for obtaining resources. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans for the establishment of logistics staging areas (LSAs) for internal and external response personnel, equipment, and supplies. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish a national resources tracking and reporting system that can integrate with State and local systems. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish resource tracking system or resource inventories at the State and local levels. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement resource logistics and distribution training programs. _____ _____		
[Name, Pg/Sec#]	Develop and implement training in emergency logistics that incorporates linkages among damage/needs assessment, logistics management, and volunteer/donations management. _____ _____		
[Name, Pg/Sec#]	Validate resource logistics, distribution plans, and training programs using exercises ranging from tabletop to full scale. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Critical Resource Logistics and Distribution Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish communication between the Emergency Operations Center (EOC) and Incident Management Team (IMT) to determine resource needs to support incident response and operations.  		
[Name, Pg/Sec#]	Identify existing internal, jurisdiction-specific resources available to support response and recovery operations.  		
[Name, Pg/Sec#]	Make a determination regarding the need for additional external resources and the implementation of a critical resource logistics and distribution plan.  		
[Name, Pg/Sec#]	Provide logistical support for the operation and requests of the Incident Command/EOC.  		
[Name, Pg/Sec#]	Coordinate distribution of stockpile assets.  		
[Name, Pg/Sec#]	Coordinate the handling and transporting of affected persons requiring assistance.  		
[Name, Pg/Sec#]	Provide and coordinate the use of emergency power generation services at critical facilities.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Critical Resource Logistics and Distribution**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Initiate resource logistics and distribution support for incident response operations according to the IMT assignments in the Incident Action Plan (IAP).   		
[Name, Pg/Sec#]	Implement plans and procedures for establishing an LSA for internal and external response personnel, equipment, and supplies.   		
[Name, Pg/Sec#]	Meet ongoing resource support needs through appropriate procurement sources from the EOC/Multiagency Coordination Center (MACC)/Initial Operating Facility (IOF).   		
[Name, Pg/Sec#]	Provide facilities, transportation, supplies, equipment and equipment maintenance, fueling, food service, and communications.   		
[Name, Pg/Sec#]	Implement a resource tracking system.   		
[Name, Pg/Sec#]	Report and document the incident by completing and submitting request forms, reports, documentation, and followup notations.   		
[Name, Pg/Sec#]	Plan and prepare for the demobilization process well in advance in accordance with NIMS to facilitate accountability and make transportation of resources as efficient as possible.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Respond to Needs Assessment and Inventory**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Determine additional human and material resources needed to support response. _____ _____		
[Name, Pg/Sec#]	Request needed resources from the EOC/MACC/IOF. _____ _____		
[Name, Pg/Sec#]	Identify and inventory by type and category all resources available to support emergency operations, including facilities, equipment, personnel, and systems. _____ _____		
[Name, Pg/Sec#]	Determine availability of supplies stocked in distribution facilities, national stockpiles, and customer supply centers. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

### Acquire Resources

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement plans, procedures, and protocols for resource acquisition and management in accordance with NIMS. _____ _____		
[Name, Pg/Sec#]	Provide support from the EOC/MACC/IOF to Incident Command with human and material resource needs. _____ _____		
[Name, Pg/Sec#]	Track/record resource movement in and out of the LSA. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Obtain supplies stocked in distribution facilities, national stockpiles, and customer supply centers.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

**Transport, Track, and Manage Resources**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Mobilize transportation to distribute resources. _____ _____		
[Name, Pg/Sec#]	Deploy and transport resources to appropriate, predetermined locations. _____ _____		
[Name, Pg/Sec#]	Track the deployment, movement, and transportation of resources before and during an incident. _____ _____		
[Name, Pg/Sec#]	Request State critical resources. _____ _____		
[Name, Pg/Sec#]	Request Federal critical resources. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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_____

Are personnel trained to perform these tasks?

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_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
What key decisions would need to be made? Who would make them? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>		

**Maintain and Recover Resources**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Cycle personnel to allow for rest and recuperation.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Cycle resources to allow for rehabilitation and/or resupply efforts. <hr/> <hr/>		
[Name, Pg/Sec#]	Rehabilitate and/or resupply all expendable and nonexpendable resources. <hr/> <hr/>		
[Name, Pg/Sec#]	Recover all deployed resources that are salvageable. <hr/> <hr/>		
[Name, Pg/Sec#]	Return resources to issuing location. <hr/> <hr/>		
[Name, Pg/Sec#]	Account for all resource use and expenditure. <hr/> <hr/>		
[Name, Pg/Sec#]	Use established regulations and policies to deal with resources that require special handling and disposition such as biological waste, contaminated supplies, debris, and equipment. <hr/> <hr/>		
[Name, Pg/Sec#]	Incident Command/Unified Command, EOC, and LSA make a joint determination that equipment and resources/supplies are no longer needed to support operation. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Demobilize Critical Resource Logistics and Distribution**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Determine that equipment and unused resources/supplies are no longer needed to support operation.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement demobilization and deactivation procedures.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

**Economic and Community Recovery**

*Relevant Exercise Objectives*

☐☐☐☐☐☐

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop resumption, restoration, and recovery plans.		
	_____		
	_____		
[Name, Pg/Sec#]	Coordinate recovery and mitigation planning.		
	_____		
	_____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

☐

☐

Were participants knowledgeable of plan elements?

☐

☐

Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
Strengths <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and conduct training in stabilization and recovery. _____ _____		
[Name, Pg/Sec#]	Exercise recovery plans. _____ _____		

<b>Task Analysis</b>
Are personnel identified to perform these tasks? _____ _____
Are personnel trained to perform these tasks? _____ _____



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Economic and Community Recovery Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate regional and State support for community recovery and rehabilitation services.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Prioritize recovery sequence for economic and community recovery. _____ _____		
[Name, Pg/Sec#]	Coordinate the request for State and Federal aid. _____ _____		
[Name, Pg/Sec#]	Establish long-term recovery goals. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• – Root Cause</li> <li>• – Root Cause</li> <li>• – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Activate Economic and Community Recovery**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish community recovery assistance programs. _____ _____		
[Name, Pg/Sec#]	Conduct dispatch and notification for economic and community recovery personnel. _____ _____		
[Name, Pg/Sec#]	Mobilize requests for technical experts to assist in recovery efforts. _____ _____		
[Name, Pg/Sec#]	Implement Federal assistance programs. _____ _____		
[Name, Pg/Sec#]	Implement regional, State, tribal, and local assistance and recovery plans. _____ _____		
[Name, Pg/Sec#]	Implement private-sector recovery, local assistance, and recovery and mitigation plans. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Assess and Prioritize Recovery Needs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct postevent assessment and planning to effect successful long-term recovery, including the mitigation of damages from future disasters.   		
[Name, Pg/Sec#]	Assess the situation, and forecast economic needs for victims.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

***Provide Monetary Relief***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assess business recovery needs. _____ _____		
[Name, Pg/Sec#]	Provide disaster loans for business. _____ _____		
[Name, Pg/Sec#]	Provide disaster loans for individuals. _____ _____		
[Name, Pg/Sec#]	Operate individual assistance programs. _____ _____		
[Name, Pg/Sec#]	Provide economic stabilization, community recovery, and mitigation support and/or financial restitution to key service sectors (e.g., medical, financial, public health and safety). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Notify appropriate authorities of disaster relief reimbursement vehicles. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide financial counseling. <hr/> <hr/>		
[Name, Pg/Sec#]	Process entity restitutions/reimbursement claims. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Provide Nonmonetary Relief**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in and facilitate recovery activities related to public works and engineering. _____ _____		
[Name, Pg/Sec#]	Assess and quantify projected housing needs. _____ _____		
[Name, Pg/Sec#]	Develop preliminary temporary housing plan. _____ _____		
[Name, Pg/Sec#]	Provide temporary housing. _____ _____		
[Name, Pg/Sec#]	Provide family support services. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Economic and Community Recovery**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop a demobilization plan for economic and community recovery.  		
[Name, Pg/Sec#]	Restore economic and community recovery personnel and equipment to normal operations.  		
[Name, Pg/Sec#]	Complete appropriate economic and community recovery documentation.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Yes**

**No**

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Emergency Operations Center (EOC) Management	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop standard operating procedures (SOPs) for activation, operation, and deactivation of the Emergency Operations Center (EOC). <hr/> <hr/>		
[Name, Pg/Sec#]	Develop security and access control plans for EOC. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop, adapt, or implement plans to support the Incident Command, Unified Command, or other agencies as needed. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish and implement an order of command succession or continuity consistent with the National Incident Management System (NIMS). <hr/> <hr/>		
[Name, Pg/Sec#]	Establish operational and redundant communication systems for EOC operation. <hr/> <hr/>		
[Name, Pg/Sec#]	Verify that all critical communication links/circuits/systems have been identified and regularly tested; redundant and diverse links exist in case of single point of failure; and all emergency circuits are protected with telecommunications service priority for prompt restoration/provisioning. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Verify that all participating public safety-related communication centers—serving the EOC/Multiagency Coordination Center (MACC)/Initial Operating Facility (IOF) directly or indirectly—are secure and functional; have established communication links with the EOC/MACC/IOF; have appropriate supplemental resources and other outlets to provide prompt, accurate public information and effective, timely notifications; and maintain a valid common operating picture for all responders/participants.  <hr/> <hr/>		
[Name, Pg/Sec#]	Verify that all serving public safety communication centers have clear and standard operating procedures consistent with the potential needs specifically related to the event.  <hr/> <hr/>		
[Name, Pg/Sec#]	Verify that primary and secondary means to establish and maintain communication services through the event timeline are in place, can be activated promptly, and can continue to operate at acceptable levels.  <hr/> <hr/>		
[Name, Pg/Sec#]	Create one central and one backup EOC/MACC/IOF.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop emergency operations plans, policies, and procedures.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop continuity of operations (COOP)/continuity of government (COG) plans.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct EOC/MACC/IOF-specific training. _____ _____		
[Name, Pg/Sec#]	Develop exercise program to evaluate the effectiveness of EOC incident management process. _____ _____		
[Name, Pg/Sec#]	Develop exercise program for emergency operations plans, policies, and procedures. _____ _____		
[Name, Pg/Sec#]	Develop exercise program for COOP/COG plans. _____ _____		
[Name, Pg/Sec#]	Brief chief executive and other key officials of the jurisdiction in the jurisdiction's command and control plans for large-scale emergencies. _____ _____		
[Name, Pg/Sec#]	Conduct annual command and control training and exercises for large-scale emergencies. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Emergency Operation Center (EOC) Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish organization/operation of EOC/MACC/IOF.  <hr/> <hr/>		
[Name, Pg/Sec#]	Ensure that all Emergency Support Functions (ESFs) are staffed.  <hr/> <hr/>		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Direct all support organizations participating in EOC/MACC/IOF. _____ _____		
[Name, Pg/Sec#]	Arrange for shelter, housing, and feeding for responders and personnel supporting the operation per the emergency plan, as applicable. _____ _____		
[Name, Pg/Sec#]	Arrange for shelter, housing, and feeding for displaced responder families and general population. _____ _____		
[Name, Pg/Sec#]	Coordinate jurisdictional emergency management operations. _____ _____		
[Name, Pg/Sec#]	Transition from response to recovery. _____ _____		
[Name, Pg/Sec#]	Include business operations center capability within State EOCs. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Activate EOC/MACC/IOF**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate EOC/MACC/IOF.  <hr/> <hr/>		
[Name, Pg/Sec#]	Activate, alert, and request response from EOC/MACC/IOF personnel.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Brief incoming personnel.  		
[Name, Pg/Sec#]	Designate a principal Federal official (PFO) from an appropriate agency, who will assemble a support staff and deploy to the affected area as soon as possible (Federal only).  		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Gather and Provide Information**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Verify that all participating public safety-related communication centers, serving the EOC/MACC/IOF directly or indirectly, have established communication links with the EOC/MACC/IOF. _____ _____		
[Name, Pg/Sec#]	Make proper connections with other agencies involved in incident. _____ _____		
[Name, Pg/Sec#]	Coordinate emergency management efforts among local, county, regional, State, and Federal EOC/MACC/IOFs. _____ _____		
[Name, Pg/Sec#]	Coordinate with nongovernmental organizations (NGOs) and/or private sector to collect/share data on incident situation. _____ _____		
[Name, Pg/Sec#]	Monitor communications and information systems. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Collect, analyze, and disseminate information and intelligence. <hr/> <hr/>		
[Name, Pg/Sec#]	Ensure appropriate notifications are made. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Identify and Address Issues**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify issues. _____ _____		
[Name, Pg/Sec#]	Identify and elevate needs/issues up the chain of command as needed, while tracking status. _____ _____		
[Name, Pg/Sec#]	Track issues until they are resolved. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Provide EOC/MACC/IOF Connectivity**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate legal and regulatory issues with support of general counsel.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Facilitate resolution of legal, policy, political, social, and economic sensitivities of the affected jurisdiction(s) as they affect response and recovery operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Facilitate formulation of protective action decisions (PADs), as needed. <hr/> <hr/>		
[Name, Pg/Sec#]	Facilitate decision to implement isolation and quarantine, when needed. <hr/> <hr/>		
[Name, Pg/Sec#]	Implement COOP and COG plans. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Support and Coordinate Response**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate activation of mutual aid agreements to obtain resources. _____ _____		
[Name, Pg/Sec#]	Provide direction, information, and/or support as appropriate to Incident Command/Unified Command and/or EOC/MACC/IOF. _____ _____		
[Name, Pg/Sec#]	Support incident response operations by providing resources ordered by the Incident Management Team (IMT) through the EOC/MACC/IOF/Joint Field Office (JFO)/Incident Command Post (ICP). _____ _____		
[Name, Pg/Sec#]	Coordinate resource logistics and distribution. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Support identification and determination of potential hazards and threats via mapping, modeling, and forecasting.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**Demobilize Emergency Operations Center (EOC) Management**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Facilitate demobilization plans and procedures for preparation of after action reports. _____ _____		
[Name, Pg/Sec#]	Implement EOC/MACC/IOF demobilization, deactivation, and transitional plan to JFO. _____ _____		
[Name, Pg/Sec#]	Reassess and implement EOC demobilization and deactivation plans. _____ _____		
[Name, Pg/Sec#]	Rehabilitate and resupply EOC/MACC/IOF entity/resources to return to state of readiness. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Emergency Public Information and Warning	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify all pertinent stakeholders across all disciplines, and incorporate them into the information flow through a clearly defined information sharing system. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating public information effectively under all hazards and conditions. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating alerts and warnings effectively under all hazards and conditions. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating notifications effectively under all hazards and conditions. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop communication plans, policies, procedures, and systems that support required information sharing and communications across stakeholders to support public information, alert/warning, and notification. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop a crisis and emergency risk communication (CERC) plan. _____ _____		
[Name, Pg/Sec#]	Develop and maintain emergency declaration protocols and templates. _____ _____		
[Name, Pg/Sec#]	Develop procedures for disseminating information on the reentry of citizens. _____ _____		
[Name, Pg/Sec#]	Develop a communications network with State homeland security departments. _____ _____		
[Name, Pg/Sec#]	Develop programs and systems to process the inflow of public-related information from all sources in a timely fashion. _____ _____		
[Name, Pg/Sec#]	Develop procedures to ensure that information provided by all sources includes the necessary content to enable reviewers to determine its authenticity and potential validity. _____ _____		
[Name, Pg/Sec#]	Prepare emergency public information plans. _____ _____		
[Name, Pg/Sec#]	Develop plans, procedures, programs, and systems to rapidly control rumors by correcting misinformation. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop community-based mechanisms to support providing prompt, accurate information to the public in the dominant languages of the community and languages and formats appropriate for those with limited language competence, disabilities, cultural or geographic isolation, or vulnerabilities due to age.   		
[Name, Pg/Sec#]	Develop emergency plans that take into account special-needs populations.   		
[Name, Pg/Sec#]	Develop emergency plans that are community based and include outreach and education to the public, through community and faith-based organizations and other institutions, to promote individual preparedness based on the risks in their communities.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement awareness training about public information. _____ _____		
[Name, Pg/Sec#]	Develop and implement public information, alert/warning, and notification training and exercise programs. _____ _____		
[Name, Pg/Sec#]	Incorporate public information function as part of multidiscipline response operation exercises. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure potential spokespersons identified to provide information during an emergency have been trained in the principles of CERC. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop tests, and exercise the plan to enhance its effectiveness. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and conduct training to improve all-hazard incident management capability. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct an after-action review to determine strengths and shortfalls, and develop a corrective plan accordingly. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Manage Emergency Public Information and Warnings**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate plans, procedures, and policies for coordinating, managing, and disseminating public information and warnings. _____ _____		
[Name, Pg/Sec#]	Coordinate internal information programs. _____ _____		
[Name, Pg/Sec#]	Coordinate external information programs. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate public emergency information. _____ _____		
[Name, Pg/Sec#]	Implement government agency and nongovernmental organization (NGO) notification protocols and procedures. _____ _____		
[Name, Pg/Sec#]	Implement a community relations plan for ensuring continued communications with citizens and Federal, State, tribal, county, city, and private industry leaders. _____ _____		
[Name, Pg/Sec#]	Plan and coordinate warnings, instructions, and information updates. _____ _____		
[Name, Pg/Sec#]	Coordinate with the Emergency Operations Center (EOC) and responders for public safety concerns that need to be disseminated. _____ _____		
[Name, Pg/Sec#]	Identify information transfer among Incident Command Posts (ICPs) concerning public information. _____ _____		
[Name, Pg/Sec#]	Monitor communications and information systems as needed to identify information to be disseminated to the public. _____ _____		
[Name, Pg/Sec#]	Coordinate with law enforcement, and provide media outlets to provide the public with accurate, consistent, and timely information. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with intelligence information to provide State, local, and tribal authorities with clearly defined information needs based on the threat environment. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate dissemination of incident site information within a National Incident Management System (NIMS)-compliant framework. <hr/> <hr/>		
[Name, Pg/Sec#]	Implement international affairs operations. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Activate Emergency Public Information, Alert/Warning, and Notification Plans**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate and establish Joint Information System (JIS). _____ _____		
[Name, Pg/Sec#]	Activate and deploy public information/affairs personnel. _____ _____		
[Name, Pg/Sec#]	Assign Public Information Officer (PIO). _____ _____		
[Name, Pg/Sec#]	Identify appropriate spokesperson(s). _____ _____		
[Name, Pg/Sec#]	Update the Homeland Security Advisory System, as appropriate. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Notify, as the first responding agency, both public and private partner agencies regarding Joint Information Center (JIC) activation.   		
[Name, Pg/Sec#]	Ensure appropriate representation of all relevant public affairs entities, including nongovernmental organizations and the private sector, in any JIC that is established by the government.   		
[Name, Pg/Sec#]	Disseminate domestic and international travel advisories.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Establish Joint Information Center (JIC)**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate the provision of timely and accurate emergency public information through the JIS. _____ _____		
[Name, Pg/Sec#]	Activate the JIC, including NGO and private-sector partners, as appropriate. _____ _____		
[Name, Pg/Sec#]	Coordinate and integrate the resources and operations of external affairs organizations to provide accurate, consistent, and timely information through the JIC. _____ _____		
[Name, Pg/Sec#]	Coordinate emergency public information through the JIS. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide a central contact for the media through the JIC, ensuring a "one accurate message, many voices" approach to information dissemination. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate among JICs at all levels of government. <hr/> <hr/>		
[Name, Pg/Sec#]	Implement routing and approval protocols for release of information. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide for external media support and operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish adequate numbers of trained personnel at dispatch or communication centers to process and disseminate information. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Contact Joint Information Center (JIC) Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Correct misinformation before next news cycle. _____ _____		
[Name, Pg/Sec#]	Receive, authenticate, and screen information for relevance at the supervisory level in a timely manner. _____ _____		
[Name, Pg/Sec#]	Use a NIMS-compliant framework for coordinating incident-related communications. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide for rumor control within information network. _____ _____		
[Name, Pg/Sec#]	Prepare postincident information. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Issue Public Information, Alerts/Warnings, and Notifications**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Disseminate CERC information to the media, public, partners, and stakeholders. _____ _____		
[Name, Pg/Sec#]	Provide emergency public information to special-needs populations and special populations. _____ _____		
[Name, Pg/Sec#]	Provide emergency information to the public that is verified, accurate, and as up to date as possible. _____ _____		
[Name, Pg/Sec#]	Disseminate domestic and international travel advisories. _____ _____		
[Name, Pg/Sec#]	Ensure accurate and timely dissemination of protective action messages to general public and emergency personnel. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Disseminate prompt, accurate information to the public in appropriate languages and formats that take into account demographics and special needs.   		
[Name, Pg/Sec#]	Provide emergency public information to special, vulnerable, and at-risk populations that are economically disadvantaged, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), experience cultural or geographic isolation, or are vulnerable due to age.   		
[Name, Pg/Sec#]	Activate rapid response plan for rumor control and correcting misinformation.   		
[Name, Pg/Sec#]	Disseminate critical health and safety information designed to alert the public to clinical symptoms and reduce the risk of exposure to ongoing and potential hazards.   		
[Name, Pg/Sec#]	Disseminate guidance for the public regarding appropriate donation methods and volunteer activities.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Conduct Media Relations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide periodic updates, and conduct regularly scheduled media conferences.  _____ _____		
[Name, Pg/Sec#]	Track media contacts and public inquiries, listing contact, date, time, query, and outcome.  _____ _____		

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[EXERCISE NAME]

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Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish relationship with non-English-speaking media. _____ _____		
[Name, Pg/Sec#]	Monitor media coverage of event to ensure that information is accurately relayed. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Provide Public Rumor Control**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Track media contacts and public inquiries, listing contact, date, time, query, and outcome. _____ _____		
[Name, Pg/Sec#]	Issue corrective messages when errors are recognized in previous public announcements. _____ _____		
[Name, Pg/Sec#]	Establish frequently updated public information hotline. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Activity**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Disseminate notice of JIC closure to all Federal, State, local, tribal, and nongovernmental stakeholders and the media.		



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[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Archive important records of JIC activities as well as NIMS-compliant records.   		
[Name, Pg/Sec#]	Demobilize JIC personnel.   		
[Name, Pg/Sec#]	Debrief staff and JIC partners.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Environmental Health	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems: General Environmental Health**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide environmental health input to the development of plans or the jurisdictional planning process (evaluation and revision). _____ _____		
[Name, Pg/Sec#]	Develop plans and protocols for coordinating the environmental health function into response activities (evaluation and revision). _____ _____		
[Name, Pg/Sec#]	Identify the appropriate environmental health official(s) and ensure their inclusion in the Incident Command staff. _____ _____		
[Name, Pg/Sec#]	Identify an environmental health coordination unit, and develop a mechanism for its inclusion in the appropriate coordination organization (e.g., Incident Command Post [ICP], Emergency Operations Center [EOC], Joint Field Office [JFO]). _____ _____		
[Name, Pg/Sec#]	Integrate and supervise a plan for environmental monitoring. _____ _____		

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[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop capacity for the personnel and resources necessary to create and maintain geocoded databases of key environmental health infrastructure and to effectively share information during emergency responses. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop a plan to coordinate the various elements of environmental health among the Federal, State, and local response. <hr/> <hr/>		
[Name, Pg/Sec#]	Identify appropriate, needed expertise for all aspects of environmental health response. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop inputs into the crisis and emergency risk communication (CERC) plan. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate to ensure interoperable and redundant communication equipment. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate environmental health efforts (e.g., response work, database management of environmental sample results, interpretation of results, risk communication). <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate with appropriate agencies for analysis and database management of environmental samples and for interpretation of results and risk communication. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate with public and private laboratories to ensure redundancies of capability. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Resolve confidentiality issues for sharing of information from laboratory results.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**Develop and Maintain Plans, Procedures, Programs, and Systems: Potable Water Supplies**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain all-hazards emergency response procedures and protocols for assessment of public water utility, alternate water supplies (hauled water, bulk water, bottled water), unregulated systems (individual wells), and temporary or mobile treatment systems (reverse osmosis purification unit, portable onsite treatment). _____ _____		
[Name, Pg/Sec#]	Develop standard operating procedures (SOPs) for prioritizing the provision of potable water to affected populations and key facilities. _____ _____		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety and integrity of the potable water supply and delivery system. _____ _____		
[Name, Pg/Sec#]	Develop emergency guidelines and operation criteria for limited operations ("boil water" or "do not drink" order) and plan for dissemination to public and policyholders in cooperation with water utilities. _____ _____		
[Name, Pg/Sec#]	Develop and maintain intrastate mutual aid agreements with water providers and relevant health and environment entities for assistance in disaster response/emergency events (e.g., Water/Wastewater Agency Response Network [WARN], mutual aid). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain interstate agreements with water providers and relevant health and environment entities for assistance in disaster response/emergency events (e.g., Emergency Management Assistance Compact [EMAC]).		
[Name, Pg/Sec#]	Develop and maintain a geocoded database of all Safe Drinking Water Act (SDWA) drinking water facilities.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

Did discussions validate the plan?

**Yes**

**No**

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• – Root Cause</li> <li>• – Root Cause</li> <li>• – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Plans, Procedures, Programs, and Systems: Food Supplies**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop capacity for the personnel and resources necessary to create and maintain a geocoded database of the food supply and delivery system. _____ _____		
[Name, Pg/Sec#]	Ensure the existence of memorandums of understanding (MOUs) or other contractual agreements needed to share resources such as food inspection personnel, equipment, and databases. _____ _____		
[Name, Pg/Sec#]	Address mechanisms to recommend the closing of facilities or operations, and address noncompliance with recommendations in environmental health plans. _____ _____		
[Name, Pg/Sec#]	Address mechanisms to reopen food supply and delivery operations and facilities in environmental health plans. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct hazard needs assessment and staffing surge requirements in the area of food supply and delivery. _____ _____		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety and integrity of the food supply and delivery system. _____ _____		
[Name, Pg/Sec#]	Develop materials and personnel to conduct just-in-time training for food protection. _____ _____		
[Name, Pg/Sec#]	Coordinate with public and private laboratories to develop plans for the lab testing necessary to ensure safety of the food supply and delivery system. _____ _____		
[Name, Pg/Sec#]	Ensure that environmental continuity of operations (COOP) planning addresses personnel and resources necessary to ensure the safety of the food supply and delivery system and mechanisms to prioritize response actions. _____ _____		
[Name, Pg/Sec#]	Develop capacity for rapid communications and data sharing (including geocoded data) during an emergency response. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Plans, Procedures, Programs, and Systems: Wastewater Management**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain all-hazard emergency response plans, procedures, and programs for the collection, treatment, and disposal of wastewater (liquid waste and sewage) during emergency events, including public wastewater utility, alternative wastewater (portable toilets, temporary lagoons, waste hauling), unregulated systems (individual septic tanks), and land applications.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and maintain all-hazards emergency response procedures and protocols for assessment of the following types of facilities: public wastewater utility, alternative wastewater (portable toilets, temporary lagoons, waste hauling), unregulated systems (individual septic tanks), and land applications.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop SOPs for prioritization of collection, treatment, and disposal of wastewater (liquid waste and sewage) for affected populations and priority facilities (e.g., shelters, hospitals).  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and maintain intrastate mutual aid agreements with wastewater collection, treatment, and disposal organizations and relevant health and environment entities for assistance in disaster response/emergency events (e.g., WARN, mutual aid).  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety and integrity of wastewater systems.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and maintain interstate agreements with wastewater collection, treatment, and disposal organizations and relevant health and environment entities for assistance in disaster response/emergency events (e.g., EMAC).  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain a geocoded database of all wastewater facilities (e.g., treatment plants, lift stations).		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**Develop and Maintain Plans, Procedures, Programs, and Systems: Vector Surveillance**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, and programs for vector control. _____ _____		
[Name, Pg/Sec#]	Develop plans for assessing local vector control infrastructure before an event and how it has been damaged during the event. _____ _____		
[Name, Pg/Sec#]	Develop plans to assist local vector control entities while they rebuild capabilities. _____ _____		
[Name, Pg/Sec#]	Develop disease-specific emergency response plans for vector control, including insect, arthropod, and rodent vectors. _____ _____		
[Name, Pg/Sec#]	Compile and review existing emergency vector control guidelines, including surveillance and control of insect, arthropod, and rodent vectors. _____ _____		
[Name, Pg/Sec#]	Develop new emergency vector control guidelines (where none exist) that include surveillance and control of insect, arthropod, and rodent vectors. _____ _____		

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[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop communications plan for vector control, including control measures for the public and public agencies. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop, at the local level, the capability to create a geocoded database of all geographic locations assessed for vectors, including locations that were treated (e.g., larvicides, spraying). <hr/> <hr/>		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to perform vector control operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Assemble an assessment and inventory of current capacity, both public and private, to perform vector control. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Develop and Maintain Plans, Procedures, Programs, and Systems: Building Environment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for providing environmental health support during reentry operations. _____ _____		
[Name, Pg/Sec#]	Develop procedures and guidelines for building reentry. _____ _____		
[Name, Pg/Sec#]	Assess power supply and generators for priority structures, and identify alternative power sources. _____ _____		

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[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop a plan with checklist for evaluating reentry and reoccupancy of facilities (e.g., homes, educational, institution and healthcare facilities) that establishes evaluation process, assessment criteria, and indicators of safe reoccupation.   		
[Name, Pg/Sec#]	Develop a communications plan for safety and environmental hazards associated with reentry and reoccupation of homes and facilities.   		
[Name, Pg/Sec#]	Develop and implement a monitoring system to determine status of rehabilitation efforts and health and safety issues associated with reentry and reoccupancy.   		
[Name, Pg/Sec#]	Develop capacity to assess community structures and determine safe operations.   		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety of building environments.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Develop and Maintain Plans, Procedures, Programs, and Systems: Outdoor Environment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct research, and establish health risk-based tolerance thresholds for key contaminants, including updating existing methods and developing new ones (where none exist).		
[Name, Pg/Sec#]	Identify susceptible and vulnerable populations.		

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[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain a geocoded database of potential hazards (e.g., refineries, chemical plants, mines, medical waste depositories). _____ _____		
[Name, Pg/Sec#]	Inventory monitoring and sampling capabilities. _____ _____		
[Name, Pg/Sec#]	Develop an all-hazards communications plan. _____ _____		
[Name, Pg/Sec#]	Develop MOUs between and among public and private laboratories to provide redundant capabilities. _____ _____		
[Name, Pg/Sec#]	Conduct geocoded baseline monitoring for all environmental media. _____ _____		
[Name, Pg/Sec#]	Conduct environmental vulnerability assessments. _____ _____		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety of outdoor environments. _____ _____		
[Name, Pg/Sec#]	Coordinate with appropriate remediation teams for all contingencies. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Task Analysis		
Are personnel identified to perform these tasks?		
Are personnel trained to perform these tasks?		
Are personnel equipped to perform these tasks? If so, how will resources be obtained?		
What key decisions would need to be made? Who would make them?		
Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths		
Areas for Improvement		
Additional Observations: _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Plans, Procedures, Programs, and Systems: Support for Mass Care**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, and programs for environmental health support of mass care and sheltering facilities.  		
[Name, Pg/Sec#]	Develop mass care and sheltering guidelines that include safety, food, air, water, wastewater sanitation, and solid and biomedical waste requirements for all mass care facilities, including shelters, housing, ice/food distribution, feeding sites, and other care facilities.  		
[Name, Pg/Sec#]	Develop mass care and sheltering guidelines that include food safety and sanitation requirements.  		
[Name, Pg/Sec#]	Develop shelter guidelines that include requirements for provision of safe drinking water from all sources and that include recommendations for alternate sources.  		
[Name, Pg/Sec#]	Develop shelter guidelines that include requirements for sanitation and number of portable toilets (e.g., toilets, portable toilets, hand-washing facilities).  		
[Name, Pg/Sec#]	Identify sources and prearrange for delivery and emptying of toilets, portable toilets, and hand-washing facilities.  		
[Name, Pg/Sec#]	Provide input into plans, procedures, and protocols to ensure individual and gross decontamination of persons and pets before admittance to shelters and other mass care facilities, medical and alternate care facilities, reception centers, animal shelters, and other places as needed.  		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct building/facility inspections in advance to identify food/sanitation capability and suitability of structures identified as mass care and shelter facilities (e.g., housing, shelters, feeding and care facilities).		
[Name, Pg/Sec#]	Develop a geocoded database of all predesignated mass care and shelter operations.		
[Name, Pg/Sec#]	Update a geocoded database of all mass care and shelter operations.		
[Name, Pg/Sec#]	In coordination with mass care and shelter operations, ensure that the field communication plan includes environmental health personnel.		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure environmental health support to mass care and shelter response.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Plans, Procedures, Programs, and Systems: Support for Solid Waste/Debris Disposal**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, programs, and guidance for environmental health support of waste management and debris removal.		
	_____		
	_____		
[Name, Pg/Sec#]	Develop and provide technical inputs for waste management and debris removal guidelines.		
	_____		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in the emergency response planning process for managing the type and quantities of waste generated by the incident and cleanup efforts. <hr/> <hr/>		
[Name, Pg/Sec#]	Participate in the emergency response planning process for the safe removal and disposition of waste and debris. <hr/> <hr/>		
[Name, Pg/Sec#]	Participate in the development of communication plans, procedures, and guidance for waste management and debris removal. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop a geocoded database of all waste management facilities. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety of solid waste/debris disposal. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Plans, Procedures, Programs, and Systems: Support for Hazardous Waste Response**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in the communications planning process for hazardous materials (HazMat) incidents. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support in the development of plans for transporting hazardous materials. <hr/> <hr/>		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in the identification of facilities for the management of hazardous materials. _____ _____		
[Name, Pg/Sec#]	Participate in the determination of environmental health issues and concerns for transporting hazardous materials. _____ _____		
[Name, Pg/Sec#]	Participate in the development of a geocoded database of HazMat facilities. _____ _____		
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety of HazMat management and decontamination. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop training programs for providing environmental health support. _____ _____		
[Name, Pg/Sec#]	Identify and train personnel to develop and maintain geocoded environmental health databases. _____ _____		
[Name, Pg/Sec#]	Ensure that environmental health emergency planning is fully integrated and exercised with the jurisdictional emergency plan. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide training to ensure environmental health support to HazMat responders. _____ _____		
[Name, Pg/Sec#]	Develop and conduct emergency response training relevant to environmental health in drinking water systems to field staff and managers of State and local drinking water programs and drinking water utilities. _____ _____		
[Name, Pg/Sec#]	Develop and conduct emergency response training relevant to all wastewater systems, including field staff and managers of State and local wastewater programs, wastewater utilities, public health, and emergency management. _____ _____		
[Name, Pg/Sec#]	Include emergency vector control response training to field staff and managers of State and local programs with responsibility for vector control in public health pesticide applicator certification. _____ _____		
[Name, Pg/Sec#]	Develop and deliver environmental health emergency food safety response training to field staff and managers of food programs. _____ _____		
[Name, Pg/Sec#]	Develop and conduct emergency response training to field staff and managers of State and local programs with responsibility for safety, food, air, water, and wastewater sanitation assessments of mass care operations. _____ _____		
[Name, Pg/Sec#]	Develop and conduct environmental health training to predesignated managers, responders, and volunteers of mass care operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide appropriate HazMat response training to field staff and managers of State and local programs with involvement in HazMat response. <hr/> <hr/>		
[Name, Pg/Sec#]	Identify and train volunteers in emergency food safety. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide training to regulated entities within the food delivery system. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop materials and personnel to conduct just-in-time training for food protection. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and conduct emergency response training relevant to all drinking water systems, including field staff and managers of State and local drinking water programs, drinking water utilities, public health, and emergency management. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop exercise programs for providing environmental health support. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Environmental Health Operations (Command and Control)**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate the environmental health function into response activities.		
	<hr/>		
	<hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop an incident-specific plan to coordinate the various elements of environmental health among Federal, State, and local response entities.   		
[Name, Pg/Sec#]	Determine and ensure coordination for analysis and database management of environmental samples, including those for which other agencies are responsible for the interpretation of results and risk communication.   		
[Name, Pg/Sec#]	Provide environmental health support and coordination for CERC.   		
[Name, Pg/Sec#]	Develop CERC information for dissemination through the Joint Information Center (JIC) to the media, public, partners, and stakeholders.   		
[Name, Pg/Sec#]	Identify and communicate environmental health risk issues to the affected population.   		
[Name, Pg/Sec#]	Provide input on forecasting and planning aspects as part of the Incident Command System (ICS) for environmental health needs in the subsequent operation period.   		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address potable water supply issues.   		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address wastewater issues.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address mass care issues. _____ _____		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address debris and waste management issues. _____ _____		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address responder safety and health (link to capability). _____ _____		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address HazMat and chemical, biological, radiological, nuclear, or high-yield explosives (CBRNE) issues. _____ _____		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address vector control response issues. _____ _____		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address medical care issues, including exposure assessment, toxicological consultation, dose assessment, secondary exposure, and medical waste management. _____ _____		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address food and agricultural safety and defense. _____ _____		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address animal health emergency support issues. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address food supply issues. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address safe reentry and reoccupancy of community, homes, and facilities. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address outdoor environmental issues. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Activate Environment Health**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify environmental health specialties required to assess and support response. _____ _____		
[Name, Pg/Sec#]	Mobilize environmental health personnel. _____ _____		
[Name, Pg/Sec#]	Mobilize environmental health resources. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Ensure Safety of Potable Water Supplies**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide initial damage assessment of drinking water infrastructure. _____ _____		
[Name, Pg/Sec#]	Request needs for equipment and personnel through emergency operations, the EMAC, Federal assistance, or mutual aid agreements. _____ _____		
[Name, Pg/Sec#]	Deploy personnel and equipment to repair, conduct assessments of, provide technical assistance for, and conduct monitoring of drinking water supplies and systems. _____ _____		
[Name, Pg/Sec#]	Develop a prioritization list of activities to provide potable water to affected populations and key facilities. _____ _____		
[Name, Pg/Sec#]	Conduct ongoing and followup assessments of systems, including facility assessments, equipment needs assessments, water sampling, and laboratory analysis and personnel needs. _____ _____		
[Name, Pg/Sec#]	Conduct ongoing repairs, technical assistance, and monitoring for all water systems. _____ _____		
[Name, Pg/Sec#]	Disseminate water communication messages to appropriate groups, considering population and cultural differences. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Ensure Safety of Food Supplies**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify high-risk foods, food supplies and systems, facilities, and transport mechanisms (temporary providers) that may pose hygiene or safety issues because of the event.   		
[Name, Pg/Sec#]	Conduct initial assessments of food facilities using emergency guidelines and operation criteria or applicable code.   		
[Name, Pg/Sec#]	Conduct field surveys to assess damage to food facilities.   		
[Name, Pg/Sec#]	Assess safety and integrity of food supply delivery and transport mechanisms.   		
[Name, Pg/Sec#]	Ensure that the safety and integrity of food supply and delivery are considered when conducting community infrastructure assessments.   		
[Name, Pg/Sec#]	Record and report assessments through automated systems (e.g., scanned forms or handhelds) to develop reports for followups and tracking of common and related issues.   		
[Name, Pg/Sec#]	Determine safety of response activities.   		
[Name, Pg/Sec#]	Establish priorities for response activities.   		
[Name, Pg/Sec#]	Activate COOP/continuity of government (COG) plans.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Address compromised safety and integrity issues of the food supply and delivery system. _____ _____		
[Name, Pg/Sec#]	Provide just-in-time training for volunteers. _____ _____		
[Name, Pg/Sec#]	Activate volunteers. _____ _____		
[Name, Pg/Sec#]	Ensure proper food handling in nontraditional operations activated during emergency response, and ensure best practices. _____ _____		
[Name, Pg/Sec#]	Ensure proper food salvage of at-risk foods and beverages or potentially exposed food products. _____ _____		
[Name, Pg/Sec#]	Recommend the closing of facilities or operations when appropriate and address noncompliance with recommendations. _____ _____		
[Name, Pg/Sec#]	Provide CERC to public entities on topics such as the safe disposal of damaged or contaminated food in coordination with emergency public information and warning. _____ _____		
[Name, Pg/Sec#]	Ensure CERC to regulated entities. _____ _____		
[Name, Pg/Sec#]	Conduct environmental investigations of disease outbreaks possibly related to foodborne exposure supported by information systems that comply with the Public Health Information Network functional area outbreak management. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Clear facilities or operations for resumption of services when appropriate.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

**Ensure Safety of Wastewater Management**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide initial damage assessment of wastewater collection, treatment, and disposal facilities. _____ _____		
[Name, Pg/Sec#]	Request needed equipment and personnel through emergency operations, the EMAC, Federal assistance, or mutual aid agreements. _____ _____		
[Name, Pg/Sec#]	Deploy personnel and equipment to repair, conduct assessments of, provide technical assistance for, and conduct monitoring of wastewater systems. _____ _____		
[Name, Pg/Sec#]	Develop a prioritized list of activities to provide wastewater collection, treatment, and disposal facilities to affected populations and priority facilities (e.g., shelters, hospitals). _____ _____		
[Name, Pg/Sec#]	Conduct ongoing and followup assessment of systems, including facility assessments, equipment needs assessments, wastewater sampling, and laboratory analysis and personnel needs. _____ _____		
[Name, Pg/Sec#]	Conduct ongoing repairs, technical assistance, and monitoring for all wastewater systems. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Disseminate wastewater communication messages to appropriate groups considering population and cultural differences.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

**Provide Vector Surveillance**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide vector control. _____ _____		
[Name, Pg/Sec#]	Assist in coordination of vector control response. _____ _____		
[Name, Pg/Sec#]	Establish a vector control technical expertise team for surveillance and monitoring of animal infections until population densities and infection rates return to preevent levels. _____ _____		
[Name, Pg/Sec#]	Conduct assessment of insect, animal, and rodent vectors, including population densities, infectivity rates, and human risk potential. _____ _____		
[Name, Pg/Sec#]	Coordinate emergency vector control measures to the extent needed to supplement local capacity and reduce risk to preevent levels. _____ _____		
[Name, Pg/Sec#]	Monitor vectors. _____ _____		
[Name, Pg/Sec#]	Develop plan to work with local vector control entities to assist while they rebuild capabilities. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Ensure Safety of Building Environments**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide environmental health support on assessing buildings for reentry. <hr/> <hr/>		
[Name, Pg/Sec#]	Assist assessments to collect and analyze data needed to determine safe reentry and reoccupancy of community, homes, and facilities. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate with the National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA), and HazMat to identify facilities that are safe for reentry. <hr/> <hr/>		
[Name, Pg/Sec#]	Assess community structures and issue recommendations for safe operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide geocoded status report of community, homes, facilities, and structures identified as safe or unsafe to reenter and reoccupy. <hr/> <hr/>		
[Name, Pg/Sec#]	Assess rehabilitation of community, homes, facilities, and structures. <hr/> <hr/>		
[Name, Pg/Sec#]	Monitor reentry operations. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Ensure Safety of Outdoor Environments**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Design and conduct appropriate environmental sampling programs. <hr/> <hr/>		
[Name, Pg/Sec#]	Geocode all environmental samples and make them publicly available in a timely manner, where appropriate. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide health impact assessment of sampling results from various environmental sources—including water, air, surfaces, and soil—via comparison to baseline results and/or preexisting standards, and make them publicly available in a timely manner, where appropriate. <hr/> <hr/>		
[Name, Pg/Sec#]	Recommend and/or lead remediation efforts for individual property owners and communities. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish a sampling plan relevant to the event. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Provide Environmental Health Support to Mass Care Response**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate environmental health assessments of mass care and shelter operations.  _____ _____		
[Name, Pg/Sec#]	Monitor the environmental health impact of changing population levels and circumstances in mass care and shelter operations.  _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct initial comprehensive environmental assessments (safety/food/water/wastewater sanitation) of mass care and shelter operations to ensure compliance with guidelines. _____ _____		
[Name, Pg/Sec#]	Assess safety of potable water at mass care facilities, shelters, feeding centers, and sources of ice. _____ _____		
[Name, Pg/Sec#]	Assess safety of food supply at mass care facilities, shelters, feeding centers, and food/ice distribution centers. _____ _____		
[Name, Pg/Sec#]	Assess safety of wastewater management (including toilets, onsite systems, and hand-washing facilities) at mass care facilities. _____ _____		
[Name, Pg/Sec#]	Provide vector control to mass care and shelter facilities. _____ _____		
[Name, Pg/Sec#]	Assess building safety for mass care and shelter facilities. _____ _____		
[Name, Pg/Sec#]	Provide environmental health support of solid waste/debris removal at mass care and shelter facilities. _____ _____		
[Name, Pg/Sec#]	Conduct followup environmental health assessments (safety, food, air, water, wastewater sanitation) of mass care operations. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Environmental Health Support for Solid Waste/Debris Removal**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide environmental health assessment of waste management and debris removal practices. _____ _____		
[Name, Pg/Sec#]	Provide environmental health assessment of waste and debris in affected areas. _____ _____		
[Name, Pg/Sec#]	Monitor waste management and debris removal operations. _____ _____		
[Name, Pg/Sec#]	Ensure the appropriate collection and management of waste and debris. _____ _____		
[Name, Pg/Sec#]	Provide technical assistance and consultation for the environmental health aspects of waste management and debris removal. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Provide Environmental Health Support to Hazardous Materials (HazMat) Management/Decontamination**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in response to HazMat incidents by providing environmental health technical assistance, consultation, and support.		
	<hr/>		
	<hr/>		
[Name, Pg/Sec#]	Ensure that initial and followup assessments of environmental media affected by HazMat incidents are conducted.		
	<hr/>		
	<hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support in the investigation of HazMat incident. _____ _____		
[Name, Pg/Sec#]	Provide geocoded locations and results for environmental samples following HazMat incidents. _____ _____		
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support during damage assessments following HazMat incidents. _____ _____		
[Name, Pg/Sec#]	Assist in conducting assessments to identify environmental health hazards, threats, vulnerabilities, and risks to facilities involved in the production, storage, or distribution of hazardous materials. _____ _____		
[Name, Pg/Sec#]	Provide environmental health technical assistance, consultation, and support and coordination in the management of environmental contaminants associated with HazMat incidents. _____ _____		
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support in establishing and monitoring access restrictions and quarantine of contaminated areas during HazMat incidents. _____ _____		
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support for plume modeling and evacuation. _____ _____		
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support for decontamination operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Epidemiological Surveillance and Investigation	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for investigating a potential disease outbreak.   		
[Name, Pg/Sec#]	Develop procedures for identification of disease, vector, and epidemic.   		
[Name, Pg/Sec#]	Develop guidelines or procedures for properly conducting a coordinated outbreak investigation.   		
[Name, Pg/Sec#]	Develop and maintain efficient surveillance systems supported by information systems that comply with Public Health Information Network (PHIN) functional requirements for early event detection, outbreak management and countermeasure, and response administration to facilitate early detection, mitigation, and evaluation of expected and unexpected public health conditions.   		
[Name, Pg/Sec#]	Distinguish on the State list of notifiable conditions between select conditions that require immediate reporting to the public health agency (at a minimum, Cat A agents) and conditions for which a delay in reporting is acceptable.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans and procedures to respond to a disease outbreak. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop policies and procedures to respond appropriately to positive notifications of medical hazards. <hr/> <hr/>		
[Name, Pg/Sec#]	Describe timeframes for notification for conditions where a delay in reporting is acceptable. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for the provision of medical personnel, equipment, laboratories, and pharmaceuticals and supplies. <hr/> <hr/>		
[Name, Pg/Sec#]	Plan and prepare for pandemic influenza, particularly for the stage when vaccine is nonexistent or in severely short supply. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, and protocols to inventory medical supplies, equipment, ambulance services, hospitals, clinics, and first aid units. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop communications to physicians and hospitals regarding use of testing of symptomatic and nonsymptomatic patients during epidemic. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop an integrated response plan that directs how public health, hospital-based, environmental, food, veterinary, and agricultural laboratories will respond to a bioterrorism incident. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Develop and implement training and exercises for epidemiological surveillance and investigation.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop and implement training programs for epidemiological surveillance and investigation.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Support training on various types and models of equipment likely to be used in an emergency through government grants and industry-sponsored workshops.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop and implement exercises for epidemiological surveillance and investigation.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Direct Epidemiological Surveillance and Investigation Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify applicable laws, policies, and implementation procedures for public health reporting and notification. _____ _____		
[Name, Pg/Sec#]	Maintain public health communication channels supported by information systems that comply with the PHIIN functional requirements for partner communications and alerting. _____ _____		
[Name, Pg/Sec#]	Provide public health information to emergency public information for release. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate resources needed to respond to public health concern. _____ _____		
[Name, Pg/Sec#]	Lead public health investigations to determine source of disease in collaboration with law enforcement. _____ _____		
[Name, Pg/Sec#]	Identify all stakeholders and agency representatives or liaisons for public health response. _____ _____		
[Name, Pg/Sec#]	Report instances of disease that raise the index of suspicion of terrorist or criminal involvement to Federal Bureau of Investigation (FBI) headquarters (National Response Plan). _____ _____		
[Name, Pg/Sec#]	Make public health recommendations for prophylaxis and other interventions. _____ _____		
[Name, Pg/Sec#]	Coordinate examination of deceased suspect patients with the medical examiner and/or coroner. _____ _____		

Task Analysis
Are personnel identified to perform these tasks? _____ _____
Are personnel trained to perform these tasks? _____ _____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Surveillance and Detection**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Facilitate reporting consistent with disease reporting laws or regulations.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Compile surveillance data. _____ _____		
[Name, Pg/Sec#]	Analyze surveillance data. _____ _____		
[Name, Pg/Sec#]	Detect suspected outbreak through pattern recognition. _____ _____		
[Name, Pg/Sec#]	Maintain chain of custody. _____ _____		
[Name, Pg/Sec#]	Have or have access to PHIN-compliant information systems to support detecting events of public health significance and tracking of chain of custody. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Conduct Epidemiological Investigation**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Dispatch public health personnel to location of suspected contamination. _____ _____		
[Name, Pg/Sec#]	Conduct epidemiological investigations to identify potential exposure and disease. _____ _____		
[Name, Pg/Sec#]	Confirm the outbreak using lab data and disease tracking data. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Define case characteristics. _____ _____		
[Name, Pg/Sec#]	Search actively for cases (case finding). _____ _____		
[Name, Pg/Sec#]	Create registries of ill, exposed, and potentially exposed persons. _____ _____		
[Name, Pg/Sec#]	Conduct contact tracing. _____ _____		
[Name, Pg/Sec#]	Analyze and interpret epidemiological investigation data in coordination with data from counter-terror investigation and law enforcement. _____ _____		
[Name, Pg/Sec#]	Analyze and confirm origin of outbreak. _____ _____		
[Name, Pg/Sec#]	Recommend control measures for outbreak. _____ _____		
[Name, Pg/Sec#]	Draft and disseminate initial report of epidemiological investigation. _____ _____		
[Name, Pg/Sec#]	Have or have access to information systems to support investigating, describing, and understanding events of public health significance that comply with the PHIN functional area Outbreak Management. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Monitor Containment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Monitor the course and population characteristics of a recognized outbreak. <hr/> <hr/>		
[Name, Pg/Sec#]	Have or have access to information systems that support administration of outbreak control and that comply with the PHIN functional requirements for countermeasure and response administration. <hr/> <hr/>		
[Name, Pg/Sec#]	Monitor effectiveness of mitigation steps. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct an after action debriefing (hot wash) to identify deficiencies that require corrective actions in areas such as personnel, training, equipment, and organizational structure. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct special studies of critical public health issues. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Explosive Device Response Operations	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop, distribute, and maintain National Guidelines for Bomb Technicians. _____ _____		
[Name, Pg/Sec#]	Develop effective procedures and programs, including standardized training to counter terrorist events, employing weapons of mass destruction (WMD), suicide bombers, vehicle-borne improvised explosive devices (VBIEDs), and radio-controlled improvised explosive devices (RCIEDs). _____ _____		
[Name, Pg/Sec#]	Maintain programs to ensure public safety bomb technicians are certified and recertified by the Federal Bureau of Investigation (FBI) Hazardous Devices School (HDS). _____ _____		
[Name, Pg/Sec#]	Maintain programs to ensure all public safety bomb squads remain accredited by the FBI according to National Guidelines for Bomb Technicians. _____ _____		
[Name, Pg/Sec#]	Develop and maintain plans that coordinate explosive device response in multijurisdictional areas that protect critical infrastructure and key resources from terrorist threats. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain programs to measure gaps in explosive device response capability.   		
[Name, Pg/Sec#]	Develop and maintain programs to share explosive device response information, effective practices, and lessons learned.   		
[Name, Pg/Sec#]	Assist public safety bomb squads and teams in achieving increased capability to counter terrorist events with the goal of a type I rating.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Train public safety personnel to recognize explosive hazards, device components, and precursors and to take appropriate action to maintain public safety. _____ _____		
[Name, Pg/Sec#]	Train public safety personnel and private-sector security to effectively operate during explosive device incidents. _____ _____		
[Name, Pg/Sec#]	Provide bomb threat awareness training and information to the general public and private sector. _____ _____		
[Name, Pg/Sec#]	Establish in-service training programs for bomb squads that meet or exceed minimum recommendations set in the National Guidelines for Bomb Technicians. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Initially train, certify, and recertify public safety bomb technicians using curriculum designed, developed, and delivered by the National Bomb Squad Commanders Advisory Board (NBSCAB) and FBI HDS.   		
[Name, Pg/Sec#]	Initially accredit and reaccredit public safety bomb squads using the curriculum developed by the NBSCAB and FBI HDS.   		
[Name, Pg/Sec#]	Design, develop, and deliver specialized training for public safety bomb squads and bomb technicians in cooperation with the FBI HDS.   		
[Name, Pg/Sec#]	Design, develop, and deliver explosive device response capability enhancement training and technical assistance for public safety bomb squads and bomb technicians to coordinate national prevention and protection efforts in cooperation with the U.S. Department of Homeland Security (DHS).   		
[Name, Pg/Sec#]	Design, develop, and deliver training in postblast investigation consistent with the bomb scene investigation concept that includes a qualified bomb technician as part of the postblast investigation team.   		
[Name, Pg/Sec#]	Obtain DHS certification and approval for use of homeland security grant funds for selected training and technical assistance.   		
[Name, Pg/Sec#]	Validate effectiveness of plans, procedures, and programs through realistic practical exercises.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Explosive Device Response Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Establish onsite command, control, communications, and intelligence (C3I) operations for explosive device response operations.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Coordinate with Incident Command to establish perimeter control (hot, warm, cold zones) commensurate with hazard magnitude.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Coordinate with appropriate unit, and develop a plan of action.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Utilize canine, physical, and technical search techniques to secure inner perimeter.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths • • •		
Areas for Improvement • – Root Cause • – Root Cause • – Root Cause		
Additional Observations: _____		
_____		
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_____		

**Activate Public Safety Bomb Squad**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Notify and activate public safety bomb squad personnel. _____ _____		
[Name, Pg/Sec#]	Determine needed personnel and equipment based on information provided. _____ _____		
[Name, Pg/Sec#]	Assemble properly equipped bomb squad team at designated location. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Reassess personnel and equipment needs upon arrival.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____
_____

### Search and Assess Site

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Interview onscene commander and any witnesses with direct observation of the device. _____ _____		
[Name, Pg/Sec#]	Conduct an initial reconnaissance of the area. _____ _____		
[Name, Pg/Sec#]	Implement emergency assessment procedures. _____ _____		
[Name, Pg/Sec#]	Conduct improvised explosive device threat analysis. _____ _____		
[Name, Pg/Sec#]	Determine appropriate operational procedures based on reconnaissance and initial assessments. _____ _____		
[Name, Pg/Sec#]	Provide positive explosive identification and safety guidance. _____ _____		
[Name, Pg/Sec#]	Notify proper Federal agencies if device is a suspected WMD. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Render Safe Onsite**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct IED onsite response. _____ _____		
[Name, Pg/Sec#]	Isolate device(s) from remote detonation commands. _____ _____		
[Name, Pg/Sec#]	Render device safe. _____ _____		
[Name, Pg/Sec#]	Identify appropriate offsite location if offsite render-safe operations are necessary. _____ _____		
[Name, Pg/Sec#]	Prepare device to be transported to secondary location if offsite render-safe operations are necessary. _____ _____		
[Name, Pg/Sec#]	Ensure compliance with Radiological Assistance Program (RAP) plan, Federal Radiological Emergency Response Plan (FRERP), and National Response Framework for radiological IEDs. _____ _____		
[Name, Pg/Sec#]	Document and preserve evidence. _____ _____		
[Name, Pg/Sec#]	Initiate and advise crime scene investigative/forensic team. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Recovery, Removal, and Transport Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct onsite processing of device components and containerize for transportation. <hr/> <hr/>		
[Name, Pg/Sec#]	Transport and escort components to secure site. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct offsite render-safe and/or emergency destruction of device/explosives. <hr/> <hr/>		
[Name, Pg/Sec#]	Document and preserve evidence. <hr/> <hr/>		
[Name, Pg/Sec#]	Assess further the functional characteristics of the device as they relate to response safety considerations (e.g., serial bomber). <hr/> <hr/>		
[Name, Pg/Sec#]	Ensure compliance with RAP plan, FRERP, and National Response Plan for radiological IEDs. <hr/> <hr/>		
[Name, Pg/Sec#]	Document and preserve evidence. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**Demobilize Explosive Device Removal Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct 100% accountability of personnel and equipment.		
	_____		
	_____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with Incident Command and Emergency Operations Center (EOC) to redeploy public safety bomb squad. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct debriefing for bomb squad personnel. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct debriefing, when necessary, for all onscene emergency personnel. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Fatality Management	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify entity responsible for developing and maintaining plans, procedures, programs, and systems across all hazards. <hr/> <hr/>		
[Name, Pg/Sec#]	Involve medical examiner/coroner, emergency preparedness, public health, hospitals, and funeral directors, at a minimum, in the development of plans and procedures. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and maintain comprehensive fatality management mission-critical list (i.e., facilities, personnel, and agencies). <hr/> <hr/>		
[Name, Pg/Sec#]	Develop contingency plan for obtaining surge personnel for fatality management. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for scene operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for morgue operations. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for antemortem data management.   		
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for victim identification.   		
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for final disposition.   		
[Name, Pg/Sec#]	Develop contingency plans for final disposition of remains.   		
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for fatality surge.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>		
Strengths • • •		
Areas for Improvement • – Root Cause • – Root Cause • – Root Cause		
Additional Observations: _____		
_____		
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_____		
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_____		

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement training programs for fatality management. _____ _____		
[Name, Pg/Sec#]	Develop and implement exercise programs for fatality management. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Fatality Management Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate fatality management. _____ _____		
[Name, Pg/Sec#]	Coordinate Federal mortuary/morgue services. _____ _____		
[Name, Pg/Sec#]	Coordinate with local legal authority in mortuary affairs. _____ _____		
[Name, Pg/Sec#]	Coordinate State assistance for next-of-kin notification and collection of antemortem information. _____ _____		
[Name, Pg/Sec#]	Identify medico-legal authority. _____ _____		
[Name, Pg/Sec#]	Coordinate with medical facility/department of public health/general medical community. _____ _____		
[Name, Pg/Sec#]	Develop fatality management inputs to an Incident Action Plan (IAP) by evaluating previously developed plans, procedures, protocols, and systems. _____ _____		
[Name, Pg/Sec#]	Coordinate with public health and regulatory agencies to develop plans, procedures, and protocols to protect fatality management personnel from infectious diseases, environmental, radiological, chemical, and other hazards when handling remains. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify key morgue staff.  		
[Name, Pg/Sec#]	Identify medical examiner/coroner staff for antemortem data collection in family assistance center.  		
[Name, Pg/Sec#]	Coordinate regional and State assistance for victim identification and mortuary services and the processing, preparation, and disposition of remains.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Activate Fatality Management Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate scene operations. _____ _____		
[Name, Pg/Sec#]	Mobilize medical examiner/coroner. _____ _____		
[Name, Pg/Sec#]	Provide primary care physician with medico-legal authority. _____ _____		
[Name, Pg/Sec#]	Deploy portable morgue as appropriate. _____ _____		
[Name, Pg/Sec#]	Activate and implement fatality surge plan. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Determine morgue location. <hr/> <hr/>		
[Name, Pg/Sec#]	Request activation of Disaster Mortuary Operational Response Team (DMORT) as appropriate <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Conduct Onscene Fatality Management Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct scene survey for fatality management operations. _____ _____		
[Name, Pg/Sec#]	Document scene for fatality management operations. _____ _____		
[Name, Pg/Sec#]	Document (photograph, measure, obtain witness statements) in a manner consistent with the medical examiner/coroner's incident plan. _____ _____		
[Name, Pg/Sec#]	Gather forensic evidence for fatality management operations. _____ _____		
[Name, Pg/Sec#]	Remove remains to staging. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Decontaminate remains.  		
[Name, Pg/Sec#]	Recover human remains in a dignified manner.  		
[Name, Pg/Sec#]	Transport remains to staging.  		
[Name, Pg/Sec#]	Transfer remains from staging to morgue operations.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### **Conduct Morgue Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement morgue operations. _____ _____		
[Name, Pg/Sec#]	Receive remains at morgue. _____ _____		
[Name, Pg/Sec#]	Store human remains. _____ _____		
[Name, Pg/Sec#]	Package personal effects found with remains for return to next of kin (if possible). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Perform autopsies.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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- 
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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

**Manage Antemortem Data**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate antemortem data collection activities. _____ _____		
[Name, Pg/Sec#]	Establish antemortem record repository and its housing facility. _____ _____		
[Name, Pg/Sec#]	Conduct collection of antemortem information. _____ _____		
[Name, Pg/Sec#]	Conduct DNA collection of family members. _____ _____		
[Name, Pg/Sec#]	Enter data obtained in interviews into library. _____ _____		
[Name, Pg/Sec#]	Implement a balanced approach to address the needs of victims versus those families who have lost family members. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Victim Identification**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate victim identification operations. _____ _____		
[Name, Pg/Sec#]	Compare data from morgue and family assistance center. _____ _____		
[Name, Pg/Sec#]	Conduct DNA analysis as indicated. _____ _____		
[Name, Pg/Sec#]	Conduct fingerprint/palmprint/footprint analysis. _____ _____		
[Name, Pg/Sec#]	Check with local/State/Federal/international databases. _____ _____		
[Name, Pg/Sec#]	Identify remains. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Conduct Final Disposition**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate final disposition operations.		
	_____		
	_____		
[Name, Pg/Sec#]	Issue death certificate.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Notify next of kin.  		
[Name, Pg/Sec#]	Release remains to next of kin or local authorities if no next of kin are identified.  		
[Name, Pg/Sec#]	Return effects to next of kin.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Fire Incident Response Support	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, programs, and agreements on fire-related public safety protection activities, including regionwide or interstate automatic and mutual aid response protocols. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop firefighting capability needed based on risk and threat assessment. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop procedures and protocols for coordinating protective action communications with at-risk population onscene. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct fire code inspections, and coordinate with appropriate personnel for building inspections and compliance strategies. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct fire education and life safety training and education programs. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, and equipment guidelines to support firefighting response operations. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

**Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct building plan reviews to reduce or eliminate hazards. _____ _____		
[Name, Pg/Sec#]	Develop plans for establishing alternative water supply. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement firefighting training program. _____ _____		
[Name, Pg/Sec#]	Develop and implement training to enable fire rescue and emergency medical services to recognize the presence of chemical, biological, radiological, nuclear, or high-yield explosives (CBRNE) materials. _____ _____		
[Name, Pg/Sec#]	Develop and implement firefighting exercise program. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Activate Fire Incident Response Support**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish and implement onscene management for firefighting (utilizing the Incident Command System [ICS]).		
	_____		
	_____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Receive notification of incident. _____ _____		
[Name, Pg/Sec#]	Respond to scene with initial fire suppression resource assignment. _____ _____		
[Name, Pg/Sec#]	Arrive onscene. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
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What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Yes

No

Did discussions validate the plan?

☐

☐

Were participants knowledgeable of plan elements?

☐

☐

Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
_____
_____
_____
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_____

**Size Up (Assess Site)**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Observe incident site upon arrival, and conduct initial sizeup (site assessment) _____ _____		
[Name, Pg/Sec#]	Provide verbal situation report. _____ _____		
[Name, Pg/Sec#]	Communicate need for additional resources. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Fire Incident Response Support Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with onsite incident management. <hr/> <hr/>		
[Name, Pg/Sec#]	Assign a safety officer to oversee firefighting operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish initial rapid intervention company (iRIC). <hr/> <hr/>		
[Name, Pg/Sec#]	Establish objectives for conducting firefighting operations at incident scene. <hr/> <hr/>		
[Name, Pg/Sec#]	Assess resource requirements. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate fire attack, victim rescue, and ventilation operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate fire suppression operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Notify other agencies as required by law. <hr/> <hr/>		
[Name, Pg/Sec#]	Communicate internal incident response information. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop a water supply plan. _____ _____		
[Name, Pg/Sec#]	Maintain personnel accountability system. _____ _____		
[Name, Pg/Sec#]	Provide for responder safety, in coordination with safety officer, including responder rehabilitation. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

**Search Scene and Rescue**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Initiate search for endangered, trapped, or injured victims. _____ _____		
[Name, Pg/Sec#]	Remove endangered, trapped, or injured victims to safe area. _____ _____		
[Name, Pg/Sec#]	Initiate or request treatment for victims. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

**Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form**

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Contain and Control**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Deploy primary and backup fire attack lines.</i> <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement fire attack plan. _____ _____		
[Name, Pg/Sec#]	Conduct firefighting operations. _____ _____		
[Name, Pg/Sec#]	Establish large master stream to contain spread of fire. _____ _____		
[Name, Pg/Sec#]	Establish collapse zones, and protect critical infrastructure. _____ _____		
[Name, Pg/Sec#]	Incorporate additional resources to contain, control, and extinguish fire. _____ _____		
[Name, Pg/Sec#]	Establish plan and alternate water supply. _____ _____		
[Name, Pg/Sec#]	Implement plan and alternate water supply if needed. _____ _____		
[Name, Pg/Sec#]	Assist in removal of affected individuals from the incident site. _____ _____		
[Name, Pg/Sec#]	Initiate or request treatment for victims. _____ _____		
[Name, Pg/Sec#]	Provide ongoing situation reports. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Overhaul Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Locate hot spots and hidden fire in void spaces. <hr/> <hr/>		
[Name, Pg/Sec#]	Preserve incident scene for fire investigators and/or law enforcement. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct fire overhaul operations. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
_____
_____
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_____
_____

**Conduct Cause and Origin**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Collect and preserve noncontaminated evidence. _____ _____		
[Name, Pg/Sec#]	Collect and preserve contaminated evidence. _____ _____		
[Name, Pg/Sec#]	Investigate fires. _____ _____		

<b>Task Analysis</b>
Are personnel identified to perform these tasks? _____ _____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

--	--

Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

--	--

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Fire Incident Response Support**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Inventory equipment and apparatus. _____ _____		
[Name, Pg/Sec#]	Clean and repair equipment and apparatus before return to service. _____ _____		
[Name, Pg/Sec#]	Participate in incident debriefing. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Yes**

**No**

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Food and Agriculture Safety and Defense	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct vulnerability assessments of sector-specific critical infrastructure and key resources. _____ _____		
[Name, Pg/Sec#]	Develop methods for emergency assessment of firms that manufacture, prepare, and hold U.S. Department of Agriculture (USDA)-regulated commodities. _____ _____		
[Name, Pg/Sec#]	Develop methods for emergency assessment of firms that manufacture, prepare, and hold U.S. Food and Drug Administration (FDA)-regulated commodities. _____ _____		
[Name, Pg/Sec#]	Create emergency response plan for response to all food operations for retail, food service, mass feeding, and food processing facilities. _____ _____		
[Name, Pg/Sec#]	Develop emergency guidelines and operation criteria for retail food, wholesale, and processing during disasters. _____ _____		
[Name, Pg/Sec#]	Develop communications plan for food safety for regulated facilities and the general public. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop guidelines or procedures for properly conducting a coordinated outbreak investigation of food and agricultural events.   		
[Name, Pg/Sec#]	Develop plans or guidelines for properly disposing of contaminated food products or diseased crops.   		
[Name, Pg/Sec#]	Develop, adapt, or implement plans to support Incident Command, Unified Command, or other agencies as needed for food and agricultural safety response.   		
[Name, Pg/Sec#]	Develop procedures for providing surge staff to support Incident Command and Emergency Operations Centers (EOCs) during a food safety event.   		
[Name, Pg/Sec#]	Develop plans, procedures, and programs for responding to a food safety or agricultural disease event.   		
[Name, Pg/Sec#]	Prepare food and agriculture emergency public information plans.   		
[Name, Pg/Sec#]	Develop a food and agriculture crisis communications plan.   		
[Name, Pg/Sec#]	Develop plans, policies, procedures, and systems for responder safety and health.   		
[Name, Pg/Sec#]	Plan and provide for external media support and operations.   		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain emergency declaration protocols and templates. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop a communications network with State homeland security departments. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Develop and conduct emergency food safety response training to field staff and managers of State and local food programs with responsibility for food safety response, including appropriate job safety training.</i> _____ _____		
[Name, Pg/Sec#]	<i>Provide food safety training to responders and volunteers.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop and implement exercise programs for food and agricultural safety and defense.</i> _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Food and Agriculture Safety and Defense Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Dispatch food and agriculture personnel to location of suspected contamination.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate the onsite Incident Command System (ICS). _____ _____		
[Name, Pg/Sec#]	Request food and agriculture resources needed for response to field operations. _____ _____		
[Name, Pg/Sec#]	Coordinate with Federal, State, and local agencies to ensure the safety and security of meat, poultry, and egg products in retail groceries and food service establishments and institutions. _____ _____		
[Name, Pg/Sec#]	Coordinate with Federal, State, and local agencies to ensure the safety and security of products in retail and food service establishments and institutions. _____ _____		
[Name, Pg/Sec#]	Coordinate food and agriculture emergency management plans at the local, State, and national levels. _____ _____		
[Name, Pg/Sec#]	Coordinate the provision of timely and accurate emergency public information through the Joint Information System (JIS). _____ _____		
[Name, Pg/Sec#]	Provide direction, information, and support as appropriate to Incident Command or Unified Command and Joint Field Offices (JFOs). _____ _____		
[Name, Pg/Sec#]	Activate the EOC. _____ _____		
[Name, Pg/Sec#]	Direct and coordinate EOC operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish and maintain food and agricultural safety response communication systems. _____ _____		
[Name, Pg/Sec#]	Coordinate food and agricultural safety response operations and support. _____ _____		
[Name, Pg/Sec#]	Manage surveillance activities for agriculture and natural resources. _____ _____		
[Name, Pg/Sec#]	Coordinate food and agriculture investigation activities. _____ _____		
[Name, Pg/Sec#]	Coordinate food and agriculture evidence preservation procedures. _____ _____		
[Name, Pg/Sec#]	Coordinate food recovery programs. _____ _____		
[Name, Pg/Sec#]	Coordinate food facility decontamination. _____ _____		
[Name, Pg/Sec#]	Coordinate cleaning and decontamination of affected food facilities. _____ _____		
[Name, Pg/Sec#]	Coordinate the disposal of contaminated food. _____ _____		
[Name, Pg/Sec#]	Coordinate agricultural recovery programs. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure the safety, efficacy, and security of regulated foods, the blood supply, drugs, medical devices, and other U.S. Department of Health and Human Services (HHS)-regulated products.   		
[Name, Pg/Sec#]	Ensure the Nation's commercial supply of food is safe and secure following a catastrophic incident.   		
[Name, Pg/Sec#]	Implement guidelines or procedures for properly conducting a coordinated outbreak investigation of food and agricultural events.   		
[Name, Pg/Sec#]	Ensure close coordination and cooperation among regional, State, Federal, and international agencies and with the private sector and nongovernmental associations to facilitate food and agriculture response efforts.   		
[Name, Pg/Sec#]	Direct agricultural processes for surveillance and testing and isolation or quarantine for threats to agricultural assets and the food supply.   		
[Name, Pg/Sec#]	Provide food and agriculture laboratory and diagnostic support, subject matter expertise, and technical assistance.   		
[Name, Pg/Sec#]	Ensure the adequacy of food and agriculture resources.   		
[Name, Pg/Sec#]	Request subject matter expertise from supporting agencies to assist in the response and recovery effort.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish regional and State plans and protocols for food and agricultural safety response and requests for assistance. _____ _____		
[Name, Pg/Sec#]	Activate food and agriculture safety and defense personnel. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• – Root Cause</li> <li>• – Root Cause</li> <li>• – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Conduct Surveillance**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct epidemiological investigations as surveillance reports warrant, and coordinate Federal, State, and local veterinary assistance assets/services. _____ _____		
[Name, Pg/Sec#]	Search actively for food and agriculture cases. _____ _____		
[Name, Pg/Sec#]	Initiate food and agriculture database and data management. _____ _____		
[Name, Pg/Sec#]	Develop basic case descriptions by conducting interviews and reviewing medical records. _____ _____		
[Name, Pg/Sec#]	Conduct food and agriculture laboratory detection and confirmation. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Disseminate food and agriculture laboratory testing results to appropriate stakeholders/partners. _____ _____		
[Name, Pg/Sec#]	Maintain chain of custody of all food and agriculture evidence. _____ _____		
[Name, Pg/Sec#]	Integrate surveillance findings related to food and agriculture. _____ _____		
[Name, Pg/Sec#]	Compile information about threats to food. _____ _____		
[Name, Pg/Sec#]	Use the results from a food sample analysis to determine the breadth of contamination. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Trace Suspect Products**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Collect and preserve contaminated food and agriculture evidence. _____ _____		
[Name, Pg/Sec#]	Collect and preserve uncontaminated food and agriculture evidence. _____ _____		
[Name, Pg/Sec#]	Inspect the safety and security of the food infrastructure in the affected area. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Inspect the safety and security of the agricultural infrastructure in the affected area. _____ _____		
[Name, Pg/Sec#]	Inspect and monitor meat, poultry, and egg establishments that can continue to operate in the affected area. _____ _____		
[Name, Pg/Sec#]	Inspect food facilities that can continue to operate in the affected area. _____ _____		
[Name, Pg/Sec#]	Use laboratory testing and field investigations to identify products that are safe and fit for human consumption. _____ _____		
[Name, Pg/Sec#]	Conduct product tracing to determine the source, destination, and disposition of adulterated or contaminated products. _____ _____		
[Name, Pg/Sec#]	Conduct inspection and monitoring of food products and establishments in affected areas. _____ _____		
[Name, Pg/Sec#]	Conduct inspection and monitoring of agriculture products and establishments in affected areas. _____ _____		
[Name, Pg/Sec#]	Generate possible associations of transmission, exposure, and source of food and agriculture events. _____ _____		
[Name, Pg/Sec#]	Identify possible sources of food and agricultural safety event. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify populations and locations at risk from food and/or agricultural safety event.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

**Implement Control Measures for Contaminated Food Products or Diseased Crops**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Secure the contamination source and affected areas during a food and agriculture event. _____ _____		
[Name, Pg/Sec#]	Provide appropriate information to the public regarding disposal of potentially contaminated food. _____ _____		
[Name, Pg/Sec#]	Determine the need for a food embargo or detention. _____ _____		
[Name, Pg/Sec#]	Determine the need for food condemnation, retention, or seizure. _____ _____		
[Name, Pg/Sec#]	Determine the need to stop the movement of food. _____ _____		
[Name, Pg/Sec#]	Control all identified food safety and inspection service-inspected products at inspected establishments that are suspected of being contaminated through product recall, administrative detention, and plant closures. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Control any foodstuffs or other HHS-regulated products suspected of being contaminated following an establishment's inspections through product recall, administrative detention, and plant closures.   		
[Name, Pg/Sec#]	Control all identified products at inspected facilities suspected of being contaminated through product recall and administrative detention.   		
[Name, Pg/Sec#]	Stop all interstate movement of regulated plant articles and means of conveyance as needed.   		
[Name, Pg/Sec#]	Provide for embargoed food storage.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Conduct Product Disposal and Surface and Food Facility Decontamination**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify assets for food and agriculture decontamination activities. _____ _____		
[Name, Pg/Sec#]	Implement food and agriculture hazardous material (HazMat) disposal plan. _____ _____		
[Name, Pg/Sec#]	Conduct surface and facility decontamination. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Perform food and agriculture cleanup operations.		
[Name, Pg/Sec#]	Dispose of contaminated food.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Information Gathering and Recognition of Indicators and Warnings	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and maintain operationally sound policies to comply with regulatory, statutory, privacy, and other issues that may govern the gathering of information. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and maintain procedures, systems, and/or technology to process the inflow of gathered information from all sources in a timely fashion. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and provide States and tribal authorities with information needs clearly defined by the Federal community based on the threat environment in a timely manner. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide the Federal community with feedback on specificity and relevance of Federal information needs products defined by the State. <hr/> <hr/>		
[Name, Pg/Sec#]	Communicate information needs from Federal community and States to local law enforcement, tribal, private sector, and other appropriate personnel as needed and in a timely manner. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide feedback from information-gathering entities to the State on specificity and relevance of State information needs products.   		
[Name, Pg/Sec#]	Develop and communicate baseline indicators and warnings sets from Federal community to State and tribal authorities.   		
[Name, Pg/Sec#]	Determine within the Federal community Essential Elements Of Information (EEI) that can be used to identify terrorist operations.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and initiate terrorism indicator sets and relationship training programs. _____ _____		
[Name, Pg/Sec#]	Develop and distribute information gathering and reporting programs. _____ _____		
[Name, Pg/Sec#]	Develop and initiate critical infrastructure surveillance technique and criteria. _____ _____		
[Name, Pg/Sec#]	Provide training feedback to Federal trainers. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Gather Information**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Gather homeland security information during routine day-to-day activities, and pass to appropriate authorities. <hr/> <hr/>		
[Name, Pg/Sec#]	Identify items and materials used by criminal and/or terrorist organizations to carry out attacks. <hr/> <hr/>		
[Name, Pg/Sec#]	Catalog information provided by all sources, and retain in a database to enable timely retrieval. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct information gathering operations on critical infrastructure and other potentially high-risk locations or assets. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate information-gathering activities with relevant tribal, local, State, and Federal entities on an ongoing basis, in particular with the Joint Terrorism Task Force (JTTF) in terrorism-related cases. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish short-, medium-, and long-term coordinated information gathering policies, procedures, and systems. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Identify Suspicious Circumstances**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Recognize suspicious activities involving items and materials used by criminal and/or terrorist organizations.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Recognize and identify suspicious circumstances or indicators and warnings that may be associated with planning, support, and operations related to potential criminal and/or terrorist-related activities.   		
[Name, Pg/Sec#]	Utilize a predefined notification process to advise law enforcement of suspicious activity.   		
[Name, Pg/Sec#]	Notify law enforcement of potential terrorist activities in/around or related to private-sector businesses/operations.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### Screen Information

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide guidance to create linked, compatible national database architecture. _____ _____		
[Name, Pg/Sec#]	Query databases or records to check for significance of information. _____ _____		
[Name, Pg/Sec#]	Maintain and update procedures and/or systems to process the inflow of gathered information from all sources in a timely fashion. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Intelligence Analysis and Production	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide terminology/lexicon glossary from Federal Government to all relevant fusion center/process entities to eliminate agency-to-agency terminology confusion. <hr/> <hr/>		
[Name, Pg/Sec#]	Use tearline formats to ensure that State, local, and/or tribal officials with varying levels of clearance have access to useful information. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop a broad, national, uniform template for analytic products. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide guidance for planners to develop their own current intelligence products, indications, and warnings at all levels. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop guidance for establishing threat at the management level. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop means to share regional and State indications and warnings. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop memorandums of understanding (MOUs) for information sharing with other fusion centers. _____ _____		
[Name, Pg/Sec#]	Develop guidelines for tailoring information according to audience. _____ _____		
[Name, Pg/Sec#]	Develop plans and procedures for establishing and staffing fusion center. _____ _____		
[Name, Pg/Sec#]	Develop job descriptions and training requirements for personnel. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Yes

No

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
Strengths <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____ _____ _____ _____ _____ _____

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Train permanent and assigned analytical staff on the intelligence cycle and developing analytic products. _____ _____		
[Name, Pg/Sec#]	Develop national standard for training fusion center/process staff. _____ _____		

<b>Task Analysis</b>
Are personnel identified to perform these tasks? _____ _____
Are personnel trained to perform these tasks? _____ _____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

***Establish Fusion Center***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish and maintain a fusion center/process using the national guidelines and standards; collocate with an existing entity if practicable/desirable.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Sustain technical and procedural connectivity with critical intelligence and information streams.</i> _____ _____		
[Name, Pg/Sec#]	<i>Access intelligence and information repositories at all levels of classification, as necessary.</i> _____ _____		
[Name, Pg/Sec#]	<i>Ensure appropriate technological redundancy.</i> _____ _____		
[Name, Pg/Sec#]	<i>Incorporate the fusion center/process principles of the Criminal Intelligence Model Policy (International Association of Chiefs of Police [IACP]).</i> _____ _____		
[Name, Pg/Sec#]	<i>Establish and maintain communications, including electronic connectivity with other region fusion center/processes.</i> _____ _____		
[Name, Pg/Sec#]	<i>Relay/pass terrorist-related information to the Federal Bureau of Investigation (FBI) Joint Terrorism Task Force (JTTF) and FBI Field Intelligence Group (FIG).</i> _____ _____		
[Name, Pg/Sec#]	<i>Adhere to privacy and security rules in operating fusion center/process.</i> _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Access Information**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Receive, extract, or collect information from all available sources, including all relevant databases and systems available to the State fusion center, on a continuous basis and with appropriate technological redundancy.  <hr/> <hr/>		
[Name, Pg/Sec#]	Ensure that unclassified briefings, reports, and alerts are used whenever possible to provide credible information that allows public safety, private sector, and non-law enforcement agencies to develop intelligence- and information-driven prevention plans without compromising source or collection methods.  <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Analyze Information/Intelligence**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Prioritize intelligence based on relevance of the information and the finished intelligence products to potential threat elements. _____ _____		
[Name, Pg/Sec#]	Blend, reconcile, and deconflict data, information, and intelligence received from multiple sources. _____ _____		
[Name, Pg/Sec#]	Identify patterns and trends that may indicate emerging, immediate, or long-term threat condition. _____ _____		
[Name, Pg/Sec#]	Identify links between terrorism-related intelligence and information related to traditional criminal activity to identify activities indicative of an imminent or potential threat. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Utilize all relevant and useful analytic methodologies, tools, and technology to provide a more comprehensive and useful product.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

### Develop Analytic Products

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Provide briefings, reports, and/or alerts tailored to recipients with detailed, specific information on actions or activities that may be indicative of an emerging threat.</i> _____ _____		
[Name, Pg/Sec#]	<i>Analyze information needs on a continuous basis for short- and long-term intelligence requirements.</i> _____ _____		
[Name, Pg/Sec#]	<i>Archive information and intelligence in a searchable repository to support future efforts by all fusion analysts.</i> _____ _____		
[Name, Pg/Sec#]	<i>Vet and review products prior to distribution.</i> _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Intelligence and Information Sharing and Dissemination	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify all Federal, State, regional, tribal, and local stakeholders for inclusion in the information-sharing framework. _____ _____		
[Name, Pg/Sec#]	Identify non-law enforcement governmental entities and officials for inclusion in the information-sharing framework. _____ _____		
[Name, Pg/Sec#]	Identify appropriate law enforcement and other enforcement governmental personnel for receipt of security clearances at an appropriate level to ensure effective dissemination of critical information. _____ _____		
[Name, Pg/Sec#]	Develop information-sharing network standards: survivable, interoperable, compatible, secure, accessible. _____ _____		
[Name, Pg/Sec#]	Develop alternate, supplemental, and backup routing procedures. _____ _____		
[Name, Pg/Sec#]	Develop and maintain operationally sound policies to comply with regulatory, statutory, privacy, and other issues that may govern the gathering of information. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop regulatory, statutory, and/or privacy policies. _____ _____		
[Name, Pg/Sec#]	Develop a clearly defined process for preventing, reporting, and addressing the inappropriate disclosure of information and/or intelligence. _____ _____		
[Name, Pg/Sec#]	Develop a clearly defined mechanism/process (reduced to a single pipeline wherever possible or prudent) for sharing information/intelligence between Federal and State sources. _____ _____		
[Name, Pg/Sec#]	Establish alternative, supplemental, and backup mechanisms for routing information and/or intelligence to the necessary agencies. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Design and conduct exercises to test intelligence and information sharing and dissemination tasks within a single unit and jointly with other jurisdictions and levels of government.		
[Name, Pg/Sec#]	Train appropriate personnel on intelligence/information sharing, and disseminate processes and procedures.		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

***Incorporate All Stakeholders in Information Flow***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Share information and/or intelligence between Federal, State, local, and tribal levels by using clearly defined mechanisms/processes.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Adhere to predefined security clearances and need-to-know parameters when disseminating information and intelligence.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Comply with regulatory, statutory, privacy-related, and other issues that may govern the sharing of information.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Prevent, report, and/or address inappropriate disclosures of information and/or intelligence.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Vertically Flow Information**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p><i>Share intelligence and information systematically between Federal, State, local, and regional entities in a timely manner.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Disseminate relevant intelligence and/or information from Federal or State entities to local authorities in a usable format and in a timely manner.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Disseminate relevant information and/or intelligence products to street-level law enforcement personnel.</i></p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide relevant intelligence and/or information from local authorities to Federal or State entities in a usable format and in a timely manner.   		
[Name, Pg/Sec#]	Declassify or provide tear lines for relevant information and/or intelligence.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Horizontally Flow Information**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Adhere to horizontal coordination across jurisdictions among law enforcement and other appropriate agencies at all levels through effective and timely information sharing.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Share intelligence and/or information across disciplines in a timely and effective manner.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Structure dissemination and information-sharing mechanisms so that private-sector entities receive accurate, timely, and unclassified information that is updated frequently and is consistent with their formal intelligence requirements.</i> <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Isolation and Quarantine	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, policies, and procedures for implementing isolation and quarantine. _____ _____		
[Name, Pg/Sec#]	Introduce legislation authorizing isolation and quarantine (including quarantine of groups). _____ _____		
[Name, Pg/Sec#]	Develop plans for coordinating quarantine activation and enforcement with public safety and law enforcement. _____ _____		
[Name, Pg/Sec#]	Stand up isolation and quarantine units (including defining procedures/protocols) in all 83 of the target cities and as needed in foreign countries. _____ _____		
[Name, Pg/Sec#]	Develop plans, procedures, and protocols to monitor long-term health effects across community interests. _____ _____		
[Name, Pg/Sec#]	Establish systems, programs, and resources for implementing isolation and quarantine. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Improve monitoring of adverse treatment reactions among those people who have received medical countermeasures and have been isolated or quarantined.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Create and implement policies to deal with the financial impact to individuals who are placed in isolation or quarantine and to the public health system.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement training for isolation and quarantine. _____ _____		
[Name, Pg/Sec#]	Develop and implement exercises for isolation and quarantine. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Isolation and Quarantine Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Identify decisionmakers to oversee isolation and quarantine conduct.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop disease-specific isolation and quarantine plan.</i> <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify applicable isolation and quarantine laws, policies, and implementation procedures. _____ _____		
[Name, Pg/Sec#]	Provide isolation and quarantine information to emergency public information for release. _____ _____		
[Name, Pg/Sec#]	Coordinate with public information agencies to disseminate health and safety information to the public. _____ _____		
[Name, Pg/Sec#]	Coordinate public information releases about people who have been isolated or quarantined. _____ _____		
[Name, Pg/Sec#]	Coordinate with public information agencies regarding notification of quarantine or isolation to ensure compliance of the general public (e.g., doors are locked and may be opened only by public health official or designated persons). _____ _____		
[Name, Pg/Sec#]	Promote the public acceptance of isolation and quarantine as necessary control measures. _____ _____		
[Name, Pg/Sec#]	Coordinate with public information agencies to provide timely dissemination of health and safety information to the public regarding risk and protective actions. _____ _____		
[Name, Pg/Sec#]	Coordinate with law enforcement to monitor and enforce restrictions, if necessary. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure appropriate judicial review of isolation and quarantine orders. _____ _____		
[Name, Pg/Sec#]	Coordinate with public health and medical services to ensure appropriate care for individuals who have been isolated or quarantined. _____ _____		
[Name, Pg/Sec#]	Ensure critical medical care for any ill individuals (related or unrelated to the epidemic). _____ _____		
[Name, Pg/Sec#]	Coordinate comprehensive stress management strategies, programs, and crisis response teams for isolation and quarantine operations. _____ _____		
[Name, Pg/Sec#]	Assist public health in disease control, quarantine, containment, and eradication. _____ _____		
[Name, Pg/Sec#]	Coordinate with mass care to provide water, food, and bulk supplies to isolated and quarantined individuals. _____ _____		
[Name, Pg/Sec#]	Ensure that adequate food, water, and medication are provided to quarantined or isolated persons (through public health officials, with oversight by case manager). (Note: This involves all appropriate sectors, not just public health officials.) _____ _____		
[Name, Pg/Sec#]	Coordinate with public works for retrieval and disposal of contaminated articles from homes or other locations where individuals are isolated or quarantined. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with the agriculture community regarding potential animal influence on need for isolation/quarantine. _____ _____		
[Name, Pg/Sec#]	Report health status data on isolated and quarantined populations. _____ _____		
[Name, Pg/Sec#]	Monitor for fever or evidence of infection (quarantine) or progression of illness requiring hospitalization (isolation) by epidemic agent. _____ _____		
[Name, Pg/Sec#]	Identify and respond to adverse events (epidemic treatment or prophylaxis). _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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### Activate Isolation and Quarantine

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify community sites suitable for quarantine. _____ _____		
[Name, Pg/Sec#]	Issue isolation and quarantine order or an agreement for voluntary isolation. _____ _____		
[Name, Pg/Sec#]	Issue an order that closes public venues based on the recommendation of an epidemiologist. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Disseminate guidelines for isolation and quarantine restrictions. _____ _____		
[Name, Pg/Sec#]	Disseminate protocols for isolation and caregiver treatment of isolated individuals. _____ _____		
[Name, Pg/Sec#]	Stand up isolation and quarantine units. _____ _____		
[Name, Pg/Sec#]	Ensure mental healthcare and access to religious practices. _____ _____		
[Name, Pg/Sec#]	Ensure access to communication with family and friends to reduces unnecessary stress. _____ _____		
[Name, Pg/Sec#]	Provide personal protective equipment (PPE) and culturally and linguistically appropriate instruction on its use for household members and caregivers. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Implement Travel Restrictions**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish traveler screening locations.  <hr/> <hr/>		
[Name, Pg/Sec#]	Screen inbound/outbound travelers from outbreak or pandemic areas for illness or exposure.  <hr/> <hr/>		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Prevent boarding of potentially infected passengers in foreign countries with endemic disease. _____ _____		
[Name, Pg/Sec#]	Educate international travelers on health risks and symptoms. _____ _____		
[Name, Pg/Sec#]	Screen and educate all staff of outbound flights to exclude potentially infected passengers. _____ _____		
[Name, Pg/Sec#]	Isolate and quarantine potentially infected travelers. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Implement Voluntary Isolation and Quarantine**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Acquire identification information of affected individuals under voluntary isolation and quarantine. _____ _____		
[Name, Pg/Sec#]	Provide medical and supportive care guidance to community under voluntary isolation and quarantine. _____ _____		
[Name, Pg/Sec#]	Provide infection control education materials to community under voluntary isolation and quarantine and hospitals. _____ _____		
[Name, Pg/Sec#]	Monitor health status of voluntarily isolated and quarantined individuals and caregivers in the community and hospitals. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Arrange for transportation to designated healthcare facilities of critically ill individuals under voluntary isolation and quarantine.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Monitor compliance in whatever way is necessary (e.g., direct communication with the person under order via landline).</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Implement Mandatory Isolation and Quarantine**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Acquire identification information of affected individuals under mandatory isolation and quarantine. _____ _____		
[Name, Pg/Sec#]	Provide medical and supportive care guidance to affected population under mandatory isolation and quarantine. _____ _____		
[Name, Pg/Sec#]	Monitor compliance with infection control and mandatory restrictions of movement. _____ _____		
[Name, Pg/Sec#]	Monitor health status of individuals and caregivers under mandatory isolation and quarantine and hospital staff. _____ _____		
[Name, Pg/Sec#]	Arrange for transportation to designated healthcare facilities of critically ill individuals under mandatory isolation and quarantine. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Isolation and Quarantine**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in incident debriefing on isolation and quarantine implementation. <hr/> <hr/>		
[Name, Pg/Sec#]	Release personnel supporting isolation and quarantine operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Reconstitute resources and facilities supporting isolation and quarantine operations. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Yes**

**No**

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

**Counter-Terror Investigation and Law Enforcement**

*Relevant Exercise Objectives*

- ☐
- ☐
- ☐

- ☐
- ☐
- ☐

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Establish an infrastructure by which States and local governments can exchange terrorism and crime information.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop, implement, and maintain an interagency or multijurisdictional training plan that ensures commonality in terrorism investigation subject matter being presented to law enforcement (State, local, tribal) and non-law enforcement (e.g., department of motor vehicles, public health and safety) personnel.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop, implement, and maintain a plan for using Federal specialized units or personnel in conjunction with an active investigation of a critical event.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop a governmentwide program to ensure that the armed services (e.g., maritime forces) and appropriate law enforcement agencies have the capability to operate together in a mutually supportive and complementary role.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop procedures for conducting appropriate background investigations on personnel applying for sensitive positions in government, law enforcement, and the private sector.</i> _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Train appropriate investigative personnel in the proper use of personal protective equipment (PPE). <hr/> <hr/>		
[Name, Pg/Sec#]	Provide training in general safety procedures for a variety of potentially hazardous environments. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop and implement an interagency terrorism investigation training plan that ensures commonality in terrorism investigations. <hr/> <hr/>		
[Name, Pg/Sec#]	Design and conduct exercises to test counter-terror investigation and law enforcement tasks within a single unit and jointly with other jurisdictions and levels of government. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Conduct Investigations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p>Recognize terrorism indications and warnings that arise during the course of investigations.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Conduct targeted outreach with private businesses related to an investigation.</p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p>Engage in effective source development activities, including maintaining source confidentiality.</p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement proper procedures and processes when conducting terrorism-related investigations. _____ _____		
[Name, Pg/Sec#]	Follow standard crime scene procedures. _____ _____		
[Name, Pg/Sec#]	Maintain ability to address chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) hazards that may be encountered during the course of an investigation. _____ _____		
[Name, Pg/Sec#]	Gather, catalogue, and preserve evidence for prosecutorial purposes and attribution. _____ _____		
[Name, Pg/Sec#]	Coordinate with officials from critical infrastructure, key resources, and the private sector to facilitate an investigation. _____ _____		
[Name, Pg/Sec#]	Recognize indicators and warnings of potential terrorist-related activity during criminal investigations. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Share Information Related to Investigations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify and maintain liaisons with appropriate lead Federal terrorism investigation entities (i.e., Joint Terrorism Task Force [JTTF]).  _____ _____		
[Name, Pg/Sec#]	Conduct targeted outreach with private businesses, industries, and facilities to assist an investigation.  _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct targeted outreach with Federal, State, local, and tribal governments to assist an investigation. _____ _____		
[Name, Pg/Sec#]	Establish, use, and maintain clear lines of reporting for information related to ongoing investigations. _____ _____		
[Name, Pg/Sec#]	Contact the JTTF in a timely fashion when any connection to terrorism is discovered. _____ _____		
[Name, Pg/Sec#]	Share investigation-related information across jurisdictions and among law enforcement and other agencies as appropriate. _____ _____		
[Name, Pg/Sec#]	Deliver investigation-related information through preestablished channels appropriate for the originating source. _____ _____		
[Name, Pg/Sec#]	Follow up with reporting entity if more information is necessary. _____ _____		
[Name, Pg/Sec#]	Provide investigators with timely threat and intelligence information. _____ _____		
[Name, Pg/Sec#]	Follow legal protocols on handling and disseminating information related to an ongoing investigation. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Deploy Specially Trained Personnel**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Maintain access to special operations teams (e.g., special weapons and tactics [SWAT] teams). _____ _____		
[Name, Pg/Sec#]	Maintain access to personnel with specialized skills (e.g., foreign language fluency). _____ _____		
[Name, Pg/Sec#]	Dispatch special operations teams according to standard policies and procedures. _____ _____		
[Name, Pg/Sec#]	Conduct tactical deployment. _____ _____		
[Name, Pg/Sec#]	Conduct surveillance of suspects. _____ _____		
[Name, Pg/Sec#]	Secure incident scene. _____ _____		
[Name, Pg/Sec#]	Assess incident, and develop action plan. _____ _____		
[Name, Pg/Sec#]	Conduct hostage negotiations. _____ _____		
[Name, Pg/Sec#]	Determine and don appropriate PPE. _____ _____		
[Name, Pg/Sec#]	Conduct tactical entry to disarm, detain, or otherwise render harmless the suspects in accordance with the use of force policy or rules of engagement. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Execute search and seizure procedures. _____ _____		
[Name, Pg/Sec#]	Apprehend suspects. _____ _____		
[Name, Pg/Sec#]	Conduct mission debriefing. _____ _____		
[Name, Pg/Sec#]	Translate documents and discourse, and conduct interviews in languages other than English when appropriate. _____ _____		
[Name, Pg/Sec#]	Immediately share intelligence information from an operation and archive all data in appropriate formats to allow for quick retrieval for subsequent analysis and investigation. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths		
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>		
Areas for Improvement		
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>		
Additional Observations: _____		
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

**Mass Care (Sheltering, Feeding, and Related Services)**

*Relevant Exercise Objectives*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans, policies, and procedures for the provision of mass care services to general populations in coordination with all responsible agencies. _____ _____		
[Name, Pg/Sec#]	Develop plans, policies, and procedures for the provision of services for companion animals in coordination with all responsible agencies. _____ _____		
[Name, Pg/Sec#]	Develop processes and criteria for conducting an assessment (functional, cultural, dietary, medical) of the general population registering at the shelter to determine suitability for the shelter and the transference of individuals and caregivers/family members to more appropriate care facilities. _____ _____		
[Name, Pg/Sec#]	Develop plans, policies, and procedures to ensure maximum retention of people with disabilities in general population shelters. _____ _____		
[Name, Pg/Sec#]	Develop procedures to ensure that general population shelters allow individuals to bring in existing support systems (including service animals and caregivers). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish procedures for identifying and receiving individuals to general population shelter when they no longer need to be accommodated at the functional and medical sheltering service location.   		
[Name, Pg/Sec#]	Develop plans, policies, and procedures for close cooperation between general population shelters, functional and medical support shelters, and other medical facilities.   		
[Name, Pg/Sec#]	Develop plans, policies, and procedures for activation and mobilization of mass care staff.   		
[Name, Pg/Sec#]	Develop plans, policies, and procedures to address common issues (e.g. cultural, language, people with disabilities in general population shelters) as part of the mass care service delivery.   		
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for preidentification of sufficient and suitable facilities for evacuation and postimpact shelters (including nontraditional shelter facilities such as camps, hotels, etc.).   		
[Name, Pg/Sec#]	Enter preidentified shelter facilities into the National Shelter System (NSS).   		
[Name, Pg/Sec#]	Identify accessible shelters as part of preidentification of shelter option choices.   		
[Name, Pg/Sec#]	Develop shelter contingency plans that allow for shelter self-sufficiency for a minimum 48 hours without resupply.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop shelter contingency plans that allow for shelter relocation when shelter is no longer habitable due to changing incident conditions (e.g., structural damage, contamination).  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for coordination of mass care services with agencies providing human services and housing (e.g., welfare inquiry, transitional/interim housing services, other individual/family assistance programs) and family reunification.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans, policies, and procedures for coordination of mass care services with supporting agencies (e.g., conducting decontamination, citizen evacuation/shelter-in-place, volunteer management and donations, environmental health, and public safety and security).  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop public education materials concerning mass care services.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop criteria and guidance materials for sheltering companion animals.  <hr/> <hr/>		
[Name, Pg/Sec#]	Develop vendor agreements, memorandums of understanding (MOUs), or memorandums of agreement (MOAs) for critical mass care resources as appropriate.  <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Develop and implement training programs for mass care personnel including sheltering, feeding, and bulk distribution for general population.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop and implement training for shelter staff.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop and implement exercise programs for mass care personnel including sheltering, feeding, and bulk distribution for general population.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop and implement exercise programs for mass care personnel for delivery of mass care companion animal services.</i> <hr/> <hr/>		
[Name, Pg/Sec#]	<i>Develop and implement training programs for mass care personnel for delivery of companion animal services.</i> <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Mass Care Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct initial and ongoing mass care needs assessment for sheltering, feeding, and bulk distribution.  _____ _____		
[Name, Pg/Sec#]	Obtain information on population and location of potentially affected populations as part of planning process.  _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate anticipated need for mass care services with agencies responsible for evacuation. _____ _____		
[Name, Pg/Sec#]	Designate sites to serve as mass care facilities including shelters, feeding sites, reception centers, food preparation sites, distribution points, etc. _____ _____		
[Name, Pg/Sec#]	Estimate numbers requiring sheltering services. _____ _____		
[Name, Pg/Sec#]	Estimate numbers requiring feeding services. _____ _____		
[Name, Pg/Sec#]	Estimate numbers requiring bulk distribution of relief items. _____ _____		
[Name, Pg/Sec#]	Implement a daily counting and reporting system for sheltering, feeding, and bulk distribution items delivered. _____ _____		
[Name, Pg/Sec#]	Activate contingency plans for shelter surge capacity, as needed. _____ _____		
[Name, Pg/Sec#]	Activate vendor agreements/MOUs/MOAs in support of mass care activities as needed. _____ _____		
[Name, Pg/Sec#]	Acquire and provide resources necessary to support mass care services. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide appropriate communication systems for mass care personnel and facilities. _____ _____		
[Name, Pg/Sec#]	Supervise and support day-to-day mass care operations. _____ _____		
[Name, Pg/Sec#]	Disseminate accurate, timely, and accessible information to the public, media, support agencies, and vendors about mass care services. _____ _____		
[Name, Pg/Sec#]	Coordinate mass care services for general population with appropriate agencies. _____ _____		
[Name, Pg/Sec#]	Coordinate with appropriate agencies on common population issues (e.g. disability, language, culture). _____ _____		
[Name, Pg/Sec#]	Coordinate environmental health assessment of mass care operations with agencies responsible for environmental health. _____ _____		
[Name, Pg/Sec#]	Disseminate notification of cessation of mass care operations. _____ _____		
[Name, Pg/Sec#]	Coordinate mass care services for companion animals and owners with appropriate agencies. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Mass Care**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Notify mass care staff. _____ _____		
[Name, Pg/Sec#]	Mobilize needed mass care resources. _____ _____		
[Name, Pg/Sec#]	Assemble mass care teams for each identified mass care facility. _____ _____		
[Name, Pg/Sec#]	Assemble mass care teams for each identified mass care site (e.g. shelter, feeding, bulk distribution). _____ _____		
[Name, Pg/Sec#]	Activate emergency shelters. _____ _____		
[Name, Pg/Sec#]	Mobilize veterinary and animal shelter services. _____ _____		
[Name, Pg/Sec#]	Assemble teams for each identified companion animal site. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<b>Strengths</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
<b>Additional Observations:</b> _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

***Establish Shelter Operations***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Determine whether areas are located in a safe area as determined by appropriate government agencies.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Staff shelter with appropriately trained personnel. _____ _____		
[Name, Pg/Sec#]	Set up shelter for operations. _____ _____		
[Name, Pg/Sec#]	Establish self-sufficiency (water/food/staffing) of shelter for minimum of 48 hours. _____ _____		
[Name, Pg/Sec#]	Ensure adequate communication systems are available for shelter staff. _____ _____		
[Name, Pg/Sec#]	Conduct regular communications with mass care management. _____ _____		
[Name, Pg/Sec#]	Provide regular updates on shelter needs and capacity. _____ _____		
[Name, Pg/Sec#]	Coordinate provision of mass care services within the shelter. _____ _____		
[Name, Pg/Sec#]	Coordinate provision of shelter support services with appropriate agencies. _____ _____		
[Name, Pg/Sec#]	Ensure shelter facility is accessible or provides temporary accessibility solutions where feasible. _____ _____		
[Name, Pg/Sec#]	Coordinate with appropriate government agency to conduct an environmental health assessment for mass care operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with appropriate government agency to ensure any necessary decontamination is provided for shelter residents before entering shelter facility.   		
[Name, Pg/Sec#]	Coordinate dissemination of information about locations of different kinds of shelter, including companion animal shelters, general population shelters, and functional and medical support shelters.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Did discussions validate the plan?

Yes

No

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• – Root Cause</li> <li>• – Root Cause</li> <li>• – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Shelter General Population**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct shelter registration for general population. _____ _____		
[Name, Pg/Sec#]	Conduct initial assessment of population registering at shelter to ensure appropriate shelter services are provided. _____ _____		
[Name, Pg/Sec#]	Conduct detailed assessments to identify types and levels of support needed to maintain functional independence of those individuals with disabilities and determine whether these needs can be met in general population shelters. _____ _____		
[Name, Pg/Sec#]	Coordinate with functional and medical support shelter capability to ensure that individuals are referred to appropriate settings and appropriate functional and medical care is provided. _____ _____		
[Name, Pg/Sec#]	Establish processes to address issues identified in the assessment of shelter registrants. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Make arrangements to transfer individuals and caregivers/family members to appropriate care facilities when necessary. _____ _____		
[Name, Pg/Sec#]	Request additional resources and equipment necessary to support shelter operations. _____ _____		
[Name, Pg/Sec#]	Implement mechanisms for daily reporting of shelter population and locations. _____ _____		
[Name, Pg/Sec#]	Coordinate to provide security services if needed. _____ _____		
[Name, Pg/Sec#]	Coordinate feeding services for general populations in shelters. _____ _____		
[Name, Pg/Sec#]	Provide culturally and restricted diet appropriate feeding services when possible. _____ _____		
[Name, Pg/Sec#]	Provide regular updates on shelter needs and capacity. _____ _____		
[Name, Pg/Sec#]	Assess ongoing medical and public health needs of shelter population, and refer as appropriate. _____ _____		
[Name, Pg/Sec#]	Coordinate environmental health assessment of mass care operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Shelter Companion Animals**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish companion animal shelter. _____ _____		
[Name, Pg/Sec#]	Arrange for companion animal care/handling services. _____ _____		
[Name, Pg/Sec#]	Operate companion animal care/handling facilities. _____ _____		
[Name, Pg/Sec#]	Coordinate provision of veterinary medical services with appropriate agencies. _____ _____		
[Name, Pg/Sec#]	Coordinate with entities responsible for search and rescue for transference of companion animals into animal shelters. _____ _____		
[Name, Pg/Sec#]	Coordinate message regarding companion animal evacuation with agencies responsible for issuing evacuation orders. _____ _____		
[Name, Pg/Sec#]	Coordinate animal shelter operations with agencies responsible for environmental health. _____ _____		
[Name, Pg/Sec#]	Coordinate acquisition of needed companion animal resources with appropriate agencies receiving donations. _____ _____		
[Name, Pg/Sec#]	Coordinate transportation of companion animals with appropriate agencies. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify any special procedures necessary for the intake of companion animals (e.g., decontamination). _____ _____		
[Name, Pg/Sec#]	Identify and implement special procedures (e.g., decontamination) for companion animal intake. _____ _____		
[Name, Pg/Sec#]	Implement procedures for companion animal intake/registration. _____ _____		
[Name, Pg/Sec#]	Implement tracking system for intake and export of companion animals in compliance with local holding regulations. _____ _____		
[Name, Pg/Sec#]	Provide feeding services that ensure adequate nutrition for companion animals. _____ _____		
[Name, Pg/Sec#]	Establish guidance for staff on integrating volunteers while maintaining health and safety for staff, companion animals, and volunteers. _____ _____		
[Name, Pg/Sec#]	Manage shelter facility maintenance. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Close Shelter**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure appropriate referral information is provided to shelter residents. <hr/> <hr/>		
[Name, Pg/Sec#]	Transport and/or coordinate with agencies responsible for transportation of shelter population to residence or temporary/interim housing. <hr/> <hr/>		
[Name, Pg/Sec#]	Disseminate notification to close shelter operations to shelter residents, appropriate government agencies, and other partners. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct closing inspection and walk-through of shelters. <hr/> <hr/>		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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**Establish Feeding Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p><i>Estimate projected feeding services required.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Identify kitchens, vendors, and other capabilities to prepare and distribute food.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Identify additional mobile feeding resources necessary to meet feeding need.</i></p> <p>_____</p> <p>_____</p>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assess number of prepackaged meals needed to augment feeding services. _____ _____		
[Name, Pg/Sec#]	Develop a strategy to meet projected feeding need. _____ _____		
[Name, Pg/Sec#]	Conduct inspection of identified food operation facilities to determine structural integrity, capability, and suitability. _____ _____		
[Name, Pg/Sec#]	Ensure kitchen facilities are in compliance with local health regulations. _____ _____		
[Name, Pg/Sec#]	Staff kitchens with appropriately trained personnel. _____ _____		
[Name, Pg/Sec#]	Acquire foodstuffs for feeding operations. _____ _____		
[Name, Pg/Sec#]	Determine mobile feeding routes. _____ _____		
[Name, Pg/Sec#]	Implement reporting mechanism for daily meal counts. _____ _____		
[Name, Pg/Sec#]	Coordinate with shelter managers to ensure adequate feeding is conducted at shelters. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Prepare and Distribute Food**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement strategy to meet feeding needs of affected population. <hr/> <hr/>		
[Name, Pg/Sec#]	Evaluate effectiveness of ongoing feeding operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct food preparation and distribution using safe food handling protocols. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct mass feeding operations, including mobile and fixed. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct food preparation and distribution using safe food handling protocols. <hr/> <hr/>		
[Name, Pg/Sec#]	Provide culturally and diet-restriction appropriate feeding services as available. <hr/> <hr/>		
[Name, Pg/Sec#]	Ensure adequate nutrition is provided for shelter populations. <hr/> <hr/>		
[Name, Pg/Sec#]	Report accurate count of meals and snacks served. <hr/> <hr/>		
[Name, Pg/Sec#]	Disseminate notification of end to feeding operations. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Establish Bulk Distribution Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish distribution sites and routes. _____ _____		
[Name, Pg/Sec#]	Conduct inspection of identified mass care bulk distribution facilities to determine structural integrity, capability, and suitability. _____ _____		
[Name, Pg/Sec#]	Staff bulk distribution site with appropriately trained personnel. _____ _____		
[Name, Pg/Sec#]	Ensure adequate communication systems are available for bulk distribution staff. _____ _____		
[Name, Pg/Sec#]	Conduct communications with mass care management. _____ _____		
[Name, Pg/Sec#]	Establish reporting mechanisms for daily distribution count. _____ _____		
[Name, Pg/Sec#]	Establish bulk distribution operations at fixed sites. _____ _____		
[Name, Pg/Sec#]	Determine mobile bulk distribution routes. _____ _____		
[Name, Pg/Sec#]	Acquire items for bulk distribution, ensuring coordination with logistics resources. _____ _____		
[Name, Pg/Sec#]	Coordinate with appropriate agencies to determine bulk distribution needs of affected population. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with agencies receiving donations to acquire items needed for bulk distribution, including supplies for companion animals.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
_____
_____
_____
_____
_____

**Conduct Bulk Distribution Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct bulk distribution of relief items at fixed sites. _____ _____		
[Name, Pg/Sec#]	Conduct mobile bulk distribution operations. _____ _____		
[Name, Pg/Sec#]	Report daily distribution count and number of people served. _____ _____		
[Name, Pg/Sec#]	Disseminate notification of end to bulk distribution operations. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

_____
_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Demobilize Mass Care Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate demobilization of mass care resources with participating agencies.  _____ _____		
[Name, Pg/Sec#]	Disseminate notification of demobilization of mass care resources/services.  _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Demobilize mass care resources. _____ _____		
[Name, Pg/Sec#]	Provide staff briefing. _____ _____		
[Name, Pg/Sec#]	Deactivate staff from operations. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Yes

No

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<ul style="list-style-type: none"><li>– Root Cause</li><li>•</li><li>– Root Cause</li><li>•</li><li>– Root Cause</li></ul>
Additional Observations: _____
_____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

**Mass Prophylaxis**

*Relevant Exercise Objectives*

- ☐
- ☐
- ☐

- ☐
- ☐
- ☐

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Create plans and systems for mass prophylaxis patient movement and tracking. _____ _____		
[Name, Pg/Sec#]	Create plans and systems for the transport and tracking of medical supplies and equipment. _____ _____		
[Name, Pg/Sec#]	Develop procedures for obtaining mass prophylaxis supplies from the receipt, staging, and storage (RSS) sites in coordination with the Medical Supplies Management and Distribution capability. _____ _____		
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for mass prophylaxis dispensing operations. _____ _____		
[Name, Pg/Sec#]	Develop the tactical communications portion of the mass prophylaxis dispensing plan. _____ _____		
[Name, Pg/Sec#]	Develop a mass prophylaxis inventory management system. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop procedures for the distribution and dispensing of mass prophylaxis. _____ _____		
[Name, Pg/Sec#]	Develop processes to ensure that first responders, public health responses, critical infrastructure personnel, and their families receive prophylaxis before point of dispensing (POD) opening. _____ _____		
[Name, Pg/Sec#]	Develop processes for coordinating with treatment centers. _____ _____		
[Name, Pg/Sec#]	Establish protocols for individuals receiving medications (e.g., number of doses, identification requirements). _____ _____		
[Name, Pg/Sec#]	Establish processes for obtaining and distributing investigation new drug (IND) consent forms at POD sites. _____ _____		
[Name, Pg/Sec#]	Develop credentialing mechanisms for volunteers and staff at mass prophylaxis dispensing sites. _____ _____		
[Name, Pg/Sec#]	Develop programs to ensure security of mass prophylaxis during dispensing operations. _____ _____		
[Name, Pg/Sec#]	Identify and address legal issues regarding authorizations for mass prophylaxis practitioners. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish processes for communicating with the public regarding nature of event and mass prophylaxis operations in coordination with the Emergency Public Information and Warning capability.		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

***Develop and Maintain Training and Exercise Programs***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement training for mass prophylaxis operations. _____ _____		
[Name, Pg/Sec#]	Conduct training of all key personnel on fundamentals of the National Response Framework (NRF), Incident Command System (ICS), and National Incident Management System (NIMS). _____ _____		
[Name, Pg/Sec#]	Develop and implement training for key personnel on tactical communications during mass prophylaxis operations. _____ _____		
[Name, Pg/Sec#]	Develop and implement training on public information and communication for mass prophylaxis operations. _____ _____		
[Name, Pg/Sec#]	Develop and implement training on security of mass prophylaxis. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement training for mass prophylaxis inventory management.  		
[Name, Pg/Sec#]	Develop and implement training for mass prophylaxis repacking, distribution, and dispensing.  		
[Name, Pg/Sec#]	Create and implement plans and drills for mass prophylaxis.  		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Direct Mass Prophylaxis Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate dispensing/administration of mass prophylaxis. _____ _____		
[Name, Pg/Sec#]	Coordinate public information releases regarding location of PODs. _____ _____		
[Name, Pg/Sec#]	Coordinate with the Medical Supplies Management and Distribution capability to ensure that medical stockpile warehouses can resupply PODs as needed. _____ _____		
[Name, Pg/Sec#]	Coordinate with public information agencies to disseminate health and safety information to the public. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate mass prophylaxis to functional and medical support sheltering locations for special-needs populations. _____ _____		
[Name, Pg/Sec#]	Coordinate with law enforcement to provide security to protect medicines, supplies, and public health personnel. _____ _____		
[Name, Pg/Sec#]	Establish and maintain tactical equipment and communication networks including establishing redundant systems. _____ _____		
[Name, Pg/Sec#]	Coordinate POD locations and hours of operations. _____ _____		
[Name, Pg/Sec#]	Establish shift change procedures to ensure continuity of operations. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Direct Mass Prophylaxis Dispensing Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement local, regional, and State plans for distributing and dispensing prophylaxis. This should include procedures for requesting Federal Strategic National Stockpile (SNS) assets when State and local caches and other available resources have been depleted.		
[Name, Pg/Sec#]	Initiate staff calldown lists for POD operations.		
[Name, Pg/Sec#]	Ensure POD site operations are established in accordance with POD specific plans and protocols.		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide internal and external security for POD sites. _____ _____		
[Name, Pg/Sec#]	Have or have access to information systems that support tracking mass prophylaxis allocation that comply with the Public Health Information Network (PHIN) functional requirements for Countermeasure and Response Administration. _____ _____		
[Name, Pg/Sec#]	Assemble needed supplies and equipment for POD operations including materials to prepare oral suspension. _____ _____		
[Name, Pg/Sec#]	Create and assemble signage for POD. _____ _____		
[Name, Pg/Sec#]	Implement the plan to provide mass prophylaxis to functional and medical support sheltering locations for populations with disabilities, etc. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Establish Points of Dispensing (PODs)**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Implement processes for providing prophylaxis for public health responders and their families before opening the POD to the general population.  _____ _____		
[Name, Pg/Sec#]	Implement processes for providing prophylaxis for first responders and critical infrastructure personnel and their families before opening the POD to the general population.  _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure adequate staffing levels for anticipated mass prophylaxis throughput. _____ _____		
[Name, Pg/Sec#]	Implement processes for obtaining and distributing mass copies of IND protocol consent forms at POD sites. _____ _____		
[Name, Pg/Sec#]	Post signage to inform and direct the public. _____ _____		
[Name, Pg/Sec#]	Implement processes to ensure the mobility impaired populations have access to PODs. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Conduct Triage for Symptoms**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish number of triage stations to commensurate with the anticipated size of the throughput. _____ _____		
[Name, Pg/Sec#]	Ensure symptomatic individuals are directed to appropriate treatment facility. _____ _____		
[Name, Pg/Sec#]	Transport or direct symptomatic individuals to appropriate health facility before they enter POD sites. _____ _____		
[Name, Pg/Sec#]	Ensure that personnel conducting triage and other persons in the area are not exposed to disease. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Medical Screening**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure proper documentation is created fore each individual receiving prophylaxis.   		
[Name, Pg/Sec#]	Identify appropriate prophylaxis based on medical history and exposure.   		
[Name, Pg/Sec#]	Ensure sufficient staffing at the POD site screening station to prevent initial bottlenecks.   		
[Name, Pg/Sec#]	Take appropriate actions for individuals for whom prophylaxis is determined to be inappropriate.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Conduct Mass Dispensing**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<p><i>Dispense the appropriate medication and dosage to the population, including children, infants, and special-needs populations.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Maintain a system for inventory management to ensure availability of critical prophylaxis medicines and medical supplies.</i></p> <p>_____</p> <p>_____</p>		
[Name, Pg/Sec#]	<p><i>Ensure adequate supply of pharmaceuticals, ancillary medical supplies, and drug information sheets.</i></p> <p>_____</p> <p>_____</p>		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure availability of and distribute preprinted drug information sheets. _____ _____		
[Name, Pg/Sec#]	Distribute IND consent forms as needed for mass prophylaxis/vaccine administration. _____ _____		
[Name, Pg/Sec#]	Monitor patient throughout per hour. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
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**Activity Analysis**

	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Monitor Adverse Effects**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Continue to track outcomes and adverse events following mass distribution of prophylaxis. _____ _____		
[Name, Pg/Sec#]	Provide alternate medication as ordered by clinician. _____ _____		
[Name, Pg/Sec#]	Access information systems that support monitoring of adverse reactions that comply with the PHIN functional requirements for Countermeasure and Response Administration. _____ _____		
[Name, Pg/Sec#]	Establish a call center to triage individuals to receive appropriate medical care in case of an adverse effect. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Mass Prophylaxis Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Debrief POD personnel. _____ _____		
[Name, Pg/Sec#]	Reconstitute POD personnel and supplies. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

Did discussions validate the plan?

**Yes**

**No**

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

**Search and Rescue (Land-Based)**

*Relevant Exercise Objectives*

☐☐☐☐☐☐

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	<i>Incorporate search and rescue (SAR) plans and procedures for urban, civil, and other SAR into jurisdiction's emergency operations plan (EOP) or EOP annexes.</i> _____ _____		
[Name, Pg/Sec#]	<i>Preidentify typed SAR resources.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop resource allocation processes and procedures for SAR capable resources that also support other capabilities/functions.</i> _____ _____		
[Name, Pg/Sec#]	<i>Identify resources from other agencies or capabilities that may assist with SAR, and plan to integrate such additional resources as necessary.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop plan to incorporate nationally certified SAR volunteers.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop management plan to address uncertified volunteers.</i> _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plan for SAR teams that will be deployed out-of-region to be self-sustaining for 72 hours. <hr/> <hr/>		
[Name, Pg/Sec#]	Establish plans, procedures and protocols for logistical support for SAR assets. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish training and exercise program for SAR personnel as per the EOP. _____ _____		
[Name, Pg/Sec#]	Train and equip SAR personnel to the appropriate standards commensurate with their mission. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		

**Direct Search and Rescue (SAR) Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Receive and accept SAR request/activation order. <hr/> <hr/>		
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings. <hr/> <hr/>		
[Name, Pg/Sec#]	Plan and coordinate SAR operations at incident site. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Direct SAR resources according to the National Incident Management System (NIMS), Incident Command System (ICS), and consensus-level technical rescue standards. _____ _____		
[Name, Pg/Sec#]	Determine need for deployment of additional SAR assets. _____ _____		
[Name, Pg/Sec#]	Provide timely situational awareness and response information. _____ _____		
[Name, Pg/Sec#]	Establish and maintain a chronological log of events in the field. _____ _____		
[Name, Pg/Sec#]	Document and collect SAR operations information, including chronological log of events in the field for use in after action review. _____ _____		
[Name, Pg/Sec#]	Reassign/rotate technical specialists, as needed. _____ _____		
[Name, Pg/Sec#]	Maintain accountability of all SAR personnel. _____ _____		
[Name, Pg/Sec#]	Identify logistics capability of incident site to determine whether deployed SAR teams must be self-sustaining. _____ _____		
[Name, Pg/Sec#]	Develop SAR team reassignment/demobilization plan. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations *(Each bullet will need a completed AAR input form.)*

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Search and Rescue (SAR)**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Receive SAR alert/activation order. _____ _____		
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings. _____ _____		
[Name, Pg/Sec#]	Assemble personnel and equipment at designated location. _____ _____		
[Name, Pg/Sec#]	Deploy Federal, State, regional, or local SAR resources commensurate with request. _____ _____		
[Name, Pg/Sec#]	Transport team (personnel and equipment) to incident scene. _____ _____		
[Name, Pg/Sec#]	Collect and analyze incident information to assist SAR capability deployment decisions _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Provide Material and Other Support**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings. _____ _____		
[Name, Pg/Sec#]	Establish base of operations. _____ _____		
[Name, Pg/Sec#]	Maintain accountability of team equipment/supplies. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide medical care for SAR personnel, including K-9 first responders.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

**Conduct Search and Rescue (SAR) Reconnaissance**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assess incident site to determine SAR course of action. _____ _____		
[Name, Pg/Sec#]	Assess the incident site for hazardous materials (HazMat) or other environmental conditions. _____ _____		
[Name, Pg/Sec#]	Develop map of search area to be used in SAR tactical operations. _____ _____		
[Name, Pg/Sec#]	Communicate findings and recommend priorities to team management. _____ _____		
[Name, Pg/Sec#]	Dispose of contaminated food. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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_____

Are personnel trained to perform these tasks?

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_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

**Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form**

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Search**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings.		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure scene/site safety (security, shoring, debris). _____ _____		
[Name, Pg/Sec#]	Conduct area search for victims. _____ _____		
[Name, Pg/Sec#]	Search for victims using canine, physical, and electronic search capabilities. _____ _____		
[Name, Pg/Sec#]	Identify and record potential/actual victim locations (live and dead). _____ _____		
[Name, Pg/Sec#]	Direct ambulatory victims to safe assembly point. _____ _____		
[Name, Pg/Sec#]	Report progress of search efforts on a regular basis to SAR lead. _____ _____		
[Name, Pg/Sec#]	Maintain accountability for search personnel, equipment, and supplies _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

**Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form**

Are personnel equipped to perform these tasks? If so, how will resources be obtained? <hr/> <hr/>		
What key decisions would need to be made? Who would make them? <hr/> <hr/>		
<b>Activity Analysis</b>	<b>Yes</b>	<b>No</b>
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
Strengths <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Areas for Improvement <ul style="list-style-type: none"> <li>•     – Root Cause</li> <li>•     – Root Cause</li> <li>•     – Root Cause</li> </ul>		
Additional Observations: _____ <hr/> <hr/> <hr/> <hr/> <hr/>		

**Extricate**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings.		
	_____		
	_____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Ensure scene/site safety (security, shoring, debris). _____ _____		
[Name, Pg/Sec#]	Coordinate extrication strategy with medical personnel. _____ _____		
[Name, Pg/Sec#]	Extricate trapped victims. _____ _____		
[Name, Pg/Sec#]	Provide periodic progress reports while rescuing. _____ _____		
[Name, Pg/Sec#]	Maintain accountability of extrication personnel, equipment, and supplies. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

**Provide Medical Treatment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings. _____ _____		
[Name, Pg/Sec#]	Coordinate medical treatment with extrication and medical personnel. _____ _____		
[Name, Pg/Sec#]	Transfer victims to more definitive medical care. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Medically stabilize trapped victims according to Task Force Operations Manual and Medical Protocols. _____ _____		
[Name, Pg/Sec#]	Ensure victims are medically stabilized according to Task Force Operations Manual and Medical Protocols throughout packaging and extrication. _____ _____		
[Name, Pg/Sec#]	Maintain accountability of medical personnel, equipment, and supplies. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Yes

No

Did discussions validate the plan?

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☐

Were participants knowledgeable of plan elements?

☐

☐

Did participants adequately address how to accomplish this activity?

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☐

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

Volunteer Management and Donations	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop National Incident Management System (NIMS)-compatible plans, policies, and protocols for coordinating management of volunteers. _____ _____		
[Name, Pg/Sec#]	Develop plans, policies, and protocols for coordinating management of donated goods. _____ _____		
[Name, Pg/Sec#]	Develop plans, policies, and protocols for coordinating referral of undesignated cash donations. _____ _____		
[Name, Pg/Sec#]	Develop plan to open and staff a donations call center to accept, match, and process offers of goods and services. _____ _____		
[Name, Pg/Sec#]	Develop system/criteria for evaluating and/or vetting voluntary organizations and/or relief funds. _____ _____		
[Name, Pg/Sec#]	Develop a list of verified and/or vetted voluntary organizations and/or relief funds. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop plans for effective information management communicating with Public Information Officers (PIOs) at all levels. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop plans to coordinate with tribal, local, State, and/or Federal governments; nongovernmental organizations; and private entities to effectively use volunteers, donated good, and cash donations. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop an outreach plan designed to educate the preparedness and response community about the functions of the volunteers and donations management capability. <hr/> <hr/>		
[Name, Pg/Sec#]	Develop a strategic facilities management plan to identify, staff, and operate all facilities including multiagency warehouse, volunteer and donations coordination center, volunteer reception centers, and emergency distribution centers. <hr/> <hr/>		
[Name, Pg/Sec#]	Research existing liability issues and laws that affect volunteer utilization. <hr/> <hr/>		
[Name, Pg/Sec#]	Encourage agencies receiving volunteers to clarify their limits on liability protection. <hr/> <hr/>		
[Name, Pg/Sec#]	Determine priority needs and roles required from the volunteers for all hazards. <hr/> <hr/>		
[Name, Pg/Sec#]	Identify potential volunteer opportunities to expedite community involvement. <hr/> <hr/>		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Assign a toll-free number for use at call center. _____ _____		
[Name, Pg/Sec#]	Develop system or process for ensuring credentialing/accreditation of skilled volunteers. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Yes

No

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

***Develop and Maintain Training and Exercise Programs***

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Exercise plans for volunteer management and donations. _____ _____		
[Name, Pg/Sec#]	Develop and implement awareness-training programs regarding the use of volunteers and donations. _____ _____		
[Name, Pg/Sec#]	Develop and implement exercise and training for the distribution of public information. _____ _____		
[Name, Pg/Sec#]	Develop just-in-time training program for volunteers to perform required tasks. _____ _____		
[Name, Pg/Sec#]	Develop and conduct training to improve all-hazard incident management capability. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct an after action review to determine strengths and shortfalls, and develop a corrective plan accordingly. <hr/> <hr/>		
[Name, Pg/Sec#]	Participate in training exercises with government agencies and other nongovernmental organizations, as appropriate. <hr/> <hr/>		
[Name, Pg/Sec#]	Complete relevant Incident Command System (ICS) and/or NIMS training for appropriate personnel and volunteers. <hr/> <hr/>		
[Name, Pg/Sec#]	Conduct internal and external training about the activities and responsibilities of volunteers and donations capability. <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Coordinate Volunteer Management Operations and Establishment of Warehouses and Materials Handling Equipment**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Review and activate State and local plans for donations and volunteers. _____ _____		
[Name, Pg/Sec#]	Coordinate voluntary support/activities with community/tribal leadership, and liaise with local agencies. _____ _____		
[Name, Pg/Sec#]	Locate and establish warehouses and materials handling equipment. _____ _____		
[Name, Pg/Sec#]	Develop a strategic facilities management plan (multiagency warehouse, emergency distribution centers). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Establish a liaison with media outlets and other stakeholders (e.g., Congress, Federal agencies) to provide information about volunteers and donations. _____ _____		
[Name, Pg/Sec#]	Work closely with PIOs to disseminate critical information about appropriate ways to volunteer and donate. _____ _____		
[Name, Pg/Sec#]	Implement a strategic facilities management plan (multiagency warehouse, emergency distribution centers). _____ _____		
[Name, Pg/Sec#]	Coordinate and collaborate with State and National Voluntary Organizations Active in Disasters (VOAD) and its members. _____ _____		
[Name, Pg/Sec#]	Collaborate with other agencies, organizations, and/or businesses regarding volunteers and donations. _____ _____		
[Name, Pg/Sec#]	Designate and advertise points of contact for receiving equipment and technical (i.e., communications, logistics, housing, medical) solutions from the private sector, outside jurisdictions, nongovernmental organizations, and volunteers. _____ _____		
[Name, Pg/Sec#]	Establish a volunteer and donations coordination center (VDCC). _____ _____		
[Name, Pg/Sec#]	Coordinate with agencies offering and/or accepting donations. _____ _____		
[Name, Pg/Sec#]	Gather donations information about collections, distributions, and other events concerning donations from the field. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Manage large numbers of government and nongovernmental volunteers in disaster.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

**Activate Volunteer Management and Donations Emergency Plan**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate preassigned toll-free numbers. _____ _____		
[Name, Pg/Sec#]	Work closely with a PIO to disseminate critical information about appropriate ways to volunteer and donate. _____ _____		
[Name, Pg/Sec#]	Brief senior leadership and elected officials (government, Federal Coordinating Officer [FCO], Congress staff). _____ _____		
[Name, Pg/Sec#]	Work with all affected local/State/tribal/Federal governments. _____ _____		
[Name, Pg/Sec#]	Activate donations/volunteer coordination teams. _____ _____		
[Name, Pg/Sec#]	Establish a VDCC. _____ _____		
[Name, Pg/Sec#]	Coordinate and collaborate with VOAD; its members; and other vetted agencies, organizations, and businesses. _____ _____		
[Name, Pg/Sec#]	Review and activate State and local plans for volunteers and donations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Activate Web site for receiving monetary donations and offers of other donations/volunteers.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**Organize Volunteers and Assign Them to Disaster Relief Efforts**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Operate call centers and Web sites to gather information and register, if possible, unaffiliated spontaneous volunteers. _____ _____		
[Name, Pg/Sec#]	Match individual volunteers with requests from agencies. _____ _____		
[Name, Pg/Sec#]	Conduct predeployment/preassignment briefing for volunteers. _____ _____		
[Name, Pg/Sec#]	Provide just-in-time training program for volunteers to perform required tasks. _____ _____		
[Name, Pg/Sec#]	Coordinate with voluntary agencies. _____ _____		
[Name, Pg/Sec#]	Coordinate solicitation of skilled volunteers and technical capabilities. _____ _____		
[Name, Pg/Sec#]	Implement system to check credentialing/accreditation of skilled volunteers if necessary. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Support response operations using volunteer resources and volunteered technical capabilities.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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_____

**Collect and Manage Material Donations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Operate call centers and Web sites to collect information on material donations. _____ _____		
[Name, Pg/Sec#]	Locate and establish warehouses and material handling equipment. _____ _____		
[Name, Pg/Sec#]	Gather material donations intelligence from the field. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
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### Collect and Manage Cash Donations

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Educate the public through press releases on the benefits of cash donations to voluntary agencies. _____ _____		
[Name, Pg/Sec#]	Direct cash donations to voluntary agencies supporting the incident. _____ _____		
[Name, Pg/Sec#]	Coordinate with agencies collecting cash donations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Collect cash donations. _____ _____		
[Name, Pg/Sec#]	Keep appropriate documentation from all undesignated cash/monetary donations. _____ _____		
[Name, Pg/Sec#]	Coordinate with verified and/or vetted agencies for the transfer of undesignated cash donations. _____ _____		

### Task Analysis

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

### Activity Analysis

Yes

No

Did discussions validate the plan?

☐ Yes ☐ No

Were participants knowledgeable of plan elements?

☐ Yes ☐ No

Did participants adequately address how to accomplish this activity?

☐ Yes ☐ No

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### **Coordinate Distribution of Donations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Manage surge in unsolicited donations and in-kind materials. _____ _____		
[Name, Pg/Sec#]	Coordinate with tribal, local, State, and/or Federal governments; nongovernmental organizations; and private entities to effectively use unsolicited goods and undesignated cash donations. _____ _____		
[Name, Pg/Sec#]	Implement proper accounting policies and protocols to handle cash donations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Transition to Long-Term Recovery**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Allocate undesignated cash donations and in-kind material donations to long-term recovery effort.   		
[Name, Pg/Sec#]	Assess the long-term needs and requirements for volunteers and donations.   		
[Name, Pg/Sec#]	Coordinate appropriate messages with public information officers and media outlets.   		
[Name, Pg/Sec#]	Brief major donors on transition and redirection of donations.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

Did discussions validate the plan?

Were participants knowledgeable of plan elements?

Did participants adequately address how to accomplish this activity?

**Yes**

**No**



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Deactivate Volunteer Management and Donations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct appropriate salvage of remaining donated goods once response/recovery phase ends. _____ _____		
[Name, Pg/Sec#]	Demobilize deployed volunteers. _____ _____		
[Name, Pg/Sec#]	Demobilize volunteered technical capabilities. _____ _____		
[Name, Pg/Sec#]	Close VDCC and other facilities (e.g., phone bank, warehouses). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Conduct a debriefing of volunteer management and donations personnel.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

***\*\*Customize this template based on objectives to meet exercise needs\*\****

*[EXERCISE NAME]*

*[EXERCISE DATE]*

Volunteer Management and Donations

Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name: \_\_\_\_\_

Phone/E-Mail: \_\_\_\_\_

**Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination**

*Relevant Exercise Objectives*

☐☐☐☐☐☐

***Develop and Maintain Plans, Procedures, Programs, and Systems***

<b>Plan Reference</b>	<b>Task</b>	<b>Task Discussed</b>	<b>Not Discussed</b>
[Name, Pg/Sec#]	<i>Develop plans, programs, agreements, and requirements for responding to HazMat incidents.</i> _____ _____		
[Name, Pg/Sec#]	<i>Develop plans, programs, criteria, and protocols for conducting decontamination.</i> _____ _____		
[Name, Pg/Sec#]	<i>Preidentify resources (personnel and equipment) to provide rapid initial sizeup of HazMat incident.</i> _____ _____		
[Name, Pg/Sec#]	<i>Assist in developing a communications plan for HazMat in emergencies, related to specific hazards, health guidance, educational materials, etc.</i> _____ _____		
[Name, Pg/Sec#]	<i>Ensure plans are in place for self-presenting contaminated victims offsite (e.g., hospitals).</i> _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Develop and implement training related to detection and reporting of HazMat.   		
[Name, Pg/Sec#]	Provide appropriate HazMat response training to field staff and managers of State/local programs having involvement in HazMat response.   		
[Name, Pg/Sec#]	Develop and implement exercise programs for WMD/HazMat response and decontamination.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Direct WMD and HazMat Response and Decontamination Tactical Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Receive alert/activation order for WMD and HazMat response and decontamination. _____ _____		
[Name, Pg/Sec#]	Establish and implement onscene management for HazMat response. _____ _____		
[Name, Pg/Sec#]	Provide a HazMat technical expertise team for emergency operations for both industry and public. _____ _____		
[Name, Pg/Sec#]	Implement a HazMat response (e.g., implement plans, programs, agreements, and requirements). _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate technical, administrative support, personnel, facilities, communications, and information. _____ _____		
[Name, Pg/Sec#]	Provide required personal protective equipment (PPE) to WMD/HazMat responders in coordination with the Safety Officer. _____ _____		
[Name, Pg/Sec#]	Develop a site safety plan. _____ _____		
[Name, Pg/Sec#]	Observe the scene, and review/evaluate hazard and response information as it pertains to the safety of all persons on the scene and responding. _____ _____		
[Name, Pg/Sec#]	Coordinate with Safety Officer to ensure the safety of onscene WMD/HazMat responders. _____ _____		
[Name, Pg/Sec#]	Coordinate and support decontamination activities onsite. _____ _____		
[Name, Pg/Sec#]	Coordinate with and provide technical guidance to entities performing offsite decontamination. _____ _____		
[Name, Pg/Sec#]	Coordinate with hospitals to develop plans for managing/decontaminating self-presenting contaminated victims. _____ _____		
[Name, Pg/Sec#]	Coordinate resource management of HazMat equipment, supplies, and personnel. _____ _____		



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Request decontamination technical assistance resources. _____ _____		
[Name, Pg/Sec#]	Coordinate with Safety Officer to brief HazMat branch/group personnel on site-specific occupational safety and health issues involving HazMat/WMD releases. _____ _____		
[Name, Pg/Sec#]	Issue instructions for self-decontamination, where appropriate, expedient, and possible. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
\_\_\_\_\_

What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
\_\_\_\_\_

**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•             <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Activate WMD and HazMat Response and Decontamination**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Initiate WMD/HazMat procedures. _____ _____		
[Name, Pg/Sec#]	Assemble personnel and equipment at designated location. _____ _____		
[Name, Pg/Sec#]	Transport team (personnel and equipment) to scene. _____ _____		
[Name, Pg/Sec#]	Conduct initial approach and positioning of responders. _____ _____		
[Name, Pg/Sec#]	Implement/integrate WMD/HazMat resources into Incident Command System (ICS) organization. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Initiate initial public protective actions.		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed AAR input form.)

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Additional Observations: _____
_____
_____
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**Identify the Hazard**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Notify law enforcement for guidance on collection and management of evidence from potential crime scenes. _____ _____		
[Name, Pg/Sec#]	Initiate HazMat response. _____ _____		
[Name, Pg/Sec#]	Survey the incident scene. _____ _____		
[Name, Pg/Sec#]	Identify HazMat and the extent/scope of the incident. _____ _____		
[Name, Pg/Sec#]	Analyze weather forecast to conduct hazard zone prediction. _____ _____		
[Name, Pg/Sec#]	Conduct contamination surveys. _____ _____		
[Name, Pg/Sec#]	Assess HazMat release situations. _____ _____		
[Name, Pg/Sec#]	Conduct oil and HazMat assessment. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Monitor movement of hazardous releases, and formulate predictions on dispersion and characteristics over time.   		
[Name, Pg/Sec#]	Characterize consequences and risk.   		
[Name, Pg/Sec#]	Identify and establish perimeter and HazMat zones (hot, warm, cold).   		
[Name, Pg/Sec#]	Conduct ongoing assessments and predictions.   		

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

☐ ☐

Were participants knowledgeable of plan elements?

☐ ☐

Did participants adequately address how to accomplish this activity?

☐ ☐

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Assess Hazard and Evaluate Risk**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Collect, prioritize, and manage data and information from all sources. _____ _____		
[Name, Pg/Sec#]	Develop incident monitoring and sampling strategy based on a realistic assessment of operational hazards. _____ _____		
[Name, Pg/Sec#]	Conduct sampling operations. _____ _____		
[Name, Pg/Sec#]	Identify, classify, and verify suspected nonbiological WMD/HazMat samples through the use of at least two (preferably three) different instrument technologies. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Use plume dispersion models and other analytical tools to generate ongoing WMD/HazMat dispersion assessments. _____ _____		
[Name, Pg/Sec#]	Implement risk evaluation process that adequately addresses the risk of various actions to both responders and the public. _____ _____		
[Name, Pg/Sec#]	Develop and implement an Incident Action Plan (IAP) specific to WMD/HazMat issues based on the risk evaluation process. _____ _____		
[Name, Pg/Sec#]	Establish and identify visually an isolation perimeter (outer perimeter) to isolate the area and deny entry. _____ _____		
[Name, Pg/Sec#]	Establish a hot zone (inner perimeter) to identify high hazard area(s) where responders will operate. _____ _____		
[Name, Pg/Sec#]	Establish other hazard control zones, based on scope and nature of the event. _____ _____		
[Name, Pg/Sec#]	Make offensive or defensive reconnaissance operations, as necessary, to gather intelligence on the situation. _____ _____		
[Name, Pg/Sec#]	Conduct ongoing assessments and predictions. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Rescue Operations**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Determine the nature and priority of rescue operations and the numbers involved. <hr/> <hr/>		
[Name, Pg/Sec#]	Identify personnel and equipment requirements to initiate rescue operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Implement safe and effective tactics to accomplish rescue operation objectives. <hr/> <hr/>		
[Name, Pg/Sec#]	Extricate and rescue victims within the hot zone. <hr/> <hr/>		
[Name, Pg/Sec#]	Coordinate rescue efforts with law enforcement to ensure safety of rescuers. <hr/> <hr/>		
[Name, Pg/Sec#]	Implement secondary public protective actions. <hr/> <hr/>		
[Name, Pg/Sec#]	Identify personnel and equipment requirements to initiate product/agent control operations. <hr/> <hr/>		
[Name, Pg/Sec#]	Implement safe and effective tactics to accomplish product/agent control objectives. <hr/> <hr/>		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Task Analysis**

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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**Activity Analysis**

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Mitigation Activities**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify appropriate PPE based on suspected HazMat. _____ _____		
[Name, Pg/Sec#]	Coordinate with Safety Officer to monitor responders for exposure to HazMat. _____ _____		
[Name, Pg/Sec#]	Coordinate with Safety Officer to monitor and control the operating time of rescuers assigned to the hot zone to minimize rescuer exposure. _____ _____		
[Name, Pg/Sec#]	Secure the contamination source and affected areas. _____ _____		
[Name, Pg/Sec#]	Monitor and track compliance with containment requirements. _____ _____		

**Task Analysis**

Are personnel identified to perform these tasks?

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\_\_\_\_\_

Are personnel trained to perform these tasks?

\_\_\_\_\_  
\_\_\_\_\_

Are personnel equipped to perform these tasks? If so, how will resources be obtained?

\_\_\_\_\_  
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What key decisions would need to be made? Who would make them?

\_\_\_\_\_  
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	Yes	No
Did discussions validate the plan?		
Were participants knowledgeable of plan elements?		
Did participants adequately address how to accomplish this activity?		
<b>Observations (Each bullet will need a completed AAR input form.)</b>		
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>		
Additional Observations: _____		
_____		
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_____		

**Conduct Decontamination and Cleanup/Recovery Activities**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Identify assets required for decontamination activities. _____ _____		
[Name, Pg/Sec#]	Identify the type of contaminants, nature of response operations, and required type/level of decontamination operations. _____ _____		
[Name, Pg/Sec#]	Implement plans, procedures, and protocols to ensure onsite individual gross decontamination of persons and household pets affected by the incident. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Provide a means to allow medical treatment facilities and shelter managers to readily identify people who have received gross decontamination.   		
[Name, Pg/Sec#]	Establish decontamination sites for victims.   		
[Name, Pg/Sec#]	Screen affected persons.   		
[Name, Pg/Sec#]	Implement emergency decontamination operations.   		
[Name, Pg/Sec#]	Implement technical decontamination operations in support of WMD/HazMat entry and response activities.   		
[Name, Pg/Sec#]	Implement decontamination operations to address incident-specific scenarios and requirements.   		
[Name, Pg/Sec#]	Decontaminate pets, if resources are available.   		
[Name, Pg/Sec#]	Coordinate livestock decontamination.   		
[Name, Pg/Sec#]	Monitor clean areas within the contamination control line.   		
[Name, Pg/Sec#]	Monitor the exit point for HazMat contaminate movement outside the isolation zone.   		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Coordinate with environmental authorities to ensure the appropriate decontamination area cleanup and disposal of waste materials.   		
[Name, Pg/Sec#]	Decontaminate affected facilities and equipment used for technical decontamination.   		
[Name, Pg/Sec#]	Perform cleanup operations.   		
[Name, Pg/Sec#]	Implement HazMat disposal plan.   		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

**Yes**

**No**

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

--	--

Did participants adequately address how to accomplish this activity?

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

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Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Demobilize WMD and HazMat Response and Decontamination**

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Transfer command for emergency response phase to the authority having jurisdiction for postemergency cleanup and recovery operations. _____ _____		
[Name, Pg/Sec#]	Work through Incident Command/Unified Command to ensure that incident-specific evidence collection and investigation protocols are clearly understood and communicated to all responders. _____ _____		
[Name, Pg/Sec#]	Inventory WMD/HazMat equipment cache, and restore to service. _____ _____		
[Name, Pg/Sec#]	Demobilize WMD/HazMat base of operations. _____ _____		

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Reference	Task	Task Discussed	Not Discussed
[Name, Pg/Sec#]	Arrange transportation for demobilized WMD/HazMat personnel and equipment. <hr/> <hr/>		
[Name, Pg/Sec#]	Implement a formal postincident analysis process (based on local procedures). <hr/> <hr/>		

### Task Analysis

Are personnel identified to perform these tasks?

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Are personnel trained to perform these tasks?

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Are personnel equipped to perform these tasks? If so, how will resources be obtained?

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What key decisions would need to be made? Who would make them?

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### Activity Analysis

Yes

No

Did discussions validate the plan?

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Were participants knowledgeable of plan elements?

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Did participants adequately address how to accomplish this activity?

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### Observations (Each bullet will need a completed After Action Report [AAR] input form.)

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Discussion-Based Exercise Evaluation Guide (EEG) Analysis Form

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_




FEMA

# Lessons Learned Information Sharing

LLIS.gov

Sharing Information  
Enhancing Preparedness  
Strengthening Homeland Security

## Lessons Learned Information Sharing:

The national, online network of lessons learned, best practices, and innovative ideas for the emergency response and homeland security communities

### A TOOL FOR ENHANCING NATIONAL PREPAREDNESS

*Lessons Learned Information Sharing (LLIS.gov)* is a US Department of Homeland Security/Federal Emergency Management Agency program. This information and collaboration resource helps emergency response providers and homeland security officials prevent, protect against, respond to, and recover from terrorist attacks, natural disasters, and other emergencies. *LLIS.gov* provides Federal, State, and local responders from all disciplines with a wealth of information and front-line expertise on effective planning, training, and operational practices across homeland security functional areas.

**LLIS.gov is a free and secure resource that facilitates information sharing within the emergency response community.**  
**Register at [www.llis.gov](http://www.llis.gov).**



### ONE-STOP RESOURCE

*LLIS.gov* is a one-stop resource for the most current homeland security, national preparedness, and DHS-related information and features:

- A comprehensive library of homeland security-related documents, including lessons learned, after-action reports, emergency operations plans, and DHS information;
- An online community of experienced professionals from all disciplines sharing lessons learned and best practices through content, forums, feedback tools, and secure email; and
- A free, password-protected system accessible only to validated members of the emergency response and homeland security communities.

### LLIS.GOV ORIGINAL CONTENT

*LLIS.gov* researchers produce four types of original content, approved and validated by subject-matter experts, to capture expertise and innovation at the State and local levels.

- **Best Practices:** peer-validated techniques, procedures, good ideas, or solutions that work and are solidly grounded upon actual experience in operations, training, and exercises
- **Lessons Learned:** knowledge and experience, positive or negative, derived from observations and historical study of actual operations, training, and exercises
- **Good Stories:** exemplary initiatives that have shown success in their specific environments and that may provide useful information to other communities and organizations
- **Practice Notes:** innovative practices, procedures, methods, programs, or tactics that an organization uses to adapt to changing conditions or to overcome an obstacle or challenge

For more information on *LLIS.gov* or to register, please go to [www.llis.gov](http://www.llis.gov).

### LLIS.gov at a Glance

- Online since April 19, 2004
- Over 49,000 registered members
- Over 14,000 documents, including more than 1,700 state and local plans, 700 after-action reports, and 900 original content documents
- Secure message boards and collaboration tools
- Targeted information on current homeland security topics

## AFTER ACTION CONFERENCE AGENDA

[Date]

### I. Introductions and Opening Remarks

### II. Exercise Summary

- a. Scope
- b. Scenario
- c. Objectives

### III. Items Identified

- a. Strengths and Accomplishments
- b. Areas for Improvement

### IV. After Action Report (AAR) Review

### V. Improvement Plan (IP) Development

### VI. Next Steps

# After Action Conference Briefing

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

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# Agenda

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- Introductions and Opening Remarks
- Exercise Summary
- Strengths
- Areas of Improvement
- After Action Report (AAR) Review
- Improvement Plan (IP) Development
- Next Steps



Insert your  
Organization's  
Logo Here

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# Introductions

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- Your name
- Your organization
- Your role during the exercise
- One key success during the exercise
- One key challenge during the exercise



Insert your  
Organization's  
Logo Here

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# Exercise Summary

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- [Insert a brief description of the exercise, including the scope, target capabilities, activities, and scenario used to achieve objectives.]



Insert your  
Organization's  
Logo Here

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# Exercise Objectives

---

- [Insert exercise objectives.]



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# Scenario Synopsis

---

[Insert brief summary of the exercise scenario.]



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# Evaluation

---

- Trained evaluators used Exercise Evaluation Guides (EEGs) during the exercise to track activities.
- Feedback forms and a participant Hot Wash were used to gather information from participants for evaluation.



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# Key Strengths

---

- [Insert the key strengths from the exercise.]



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# Key Areas for Improvement

---

[Insert the key areas for improvement from the exercise.]



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# Report Approval Process

---

- Decision by consensus
- Unresolved issues (e.g., consensus not attained)
  - Consider compromises
  - Refer to exercise director
  - Consult with applicable agency head



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# AAR Review and Approval

---

## Report Sections:

- Section 3: Analysis of Capabilities
- Section 4: Conclusion
- Appendix A: Improvement Plan (IP)
- Appendix B: Lessons Learned (optional)
- Appendix C: Participant Feedback (optional)
- Appendix D: Exercise Events Summary (optional)
- Appendix E: Performance Ratings (optional)
- Appendix F: Acronyms



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# Improvement Plan (IP) Development

---

- Discuss each recommendation.
- Determine:
  - Corrective action
  - Responsible agency(ies)
  - Agency point of contact (POC)
  - Start date
  - Completion date



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# Writing Improvement Actions

---

- Determine action needed to fix the problem.
- Choices:
  - No further action; already fixed
  - No further action; not worth fixing
  - Accept recommendation as is
  - Choose new action—add to AAR



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# Writing Improvement Actions (cont'd)

---

- Generally plans, policies and procedures, training, equipment and facilities, outreach and interagency coordination, exercises
- All followup actions must have:
  - What must be done (an action, e.g., a verb)
  - Who will do it (agency and POC)
  - When it will be done (specify reasonable date)



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# Sample Improvement Action Template

---

Use these templates as suggestions for refining recommendations. You need not match the wording exactly.

- (Who) will prepare/revise \_\_\_\_\_ plan to (correct what?) by (when).
- (Who) will prepare/revise \_\_\_\_\_ policy or procedure to (correct what?) by (when).
- (Who) will conduct training for (group) in (what?) so that \_\_\_\_\_ by (when).
- (Who) will obtain/repair \_\_\_\_\_ equipment/facilities so as to \_\_\_\_\_ by (when).
- (Who) will conduct \_\_\_\_\_ study/analysis to \_\_ (action required) \_\_ so as to \_\_\_\_\_.
- (Who) will convene a working group of \_\_ (people/agencies) \_\_ to \_\_ (action required) \_\_ so as to correct \_\_\_\_ (what) \_\_\_\_.



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# Improvement Plan (IP) Matrix

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
[Capability 1: Capability Name]	Observation 1.1	Insert Recommendation 1	Insert Corrective Action	Planning	State X EMA	EMA Director	12/1/06	9/1/07
			Insert Corrective Action	Planning	State X EMA	EMA Director	12/1/06	2/1/07
		Insert Recommendation 2	Insert Corrective Action	Training	State X EMA	EMA Director	12/1/06	1/1/07
			Insert Corrective Action	Equipment and Systems	State X EMA	EMA Director	12/1/06	3/15/07
	Observation 1.2	Insert Recommendation 3	Insert Corrective Action	Planning	State X EMA	EMA Director	12/1/06	1/15/07
			Insert Corrective Action	Equipment and Systems	State X EMA	EMA Director	12/1/06	1/1/07



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# Action Brief

---

- Please indicate:
  - Which items require no further action
  - Recommendations with no change to actions
  - Changed or new actions and why
- Facilitator will record revised actions.



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# Wrapup

---

- Next steps
  - Memo report
  - Followup progress meeting (optional)
- Closing comments



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## **Operations-based Exercises Resources**

# Operations-based Exercise Project Management Timeline

## Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
<b>I. Foundation</b>												
Develop Exercise Budget												
Develop Exercise Planning Timeline												
Identify Exercise Planning Team												
Schedule first Planning Conference												
<b>II. Design &amp; Development</b>												
<i>A. Planning Conferences</i>												
<b>1. Concepts and Objectives Meeting</b>												
Prepare and send Invitations												
Develop Agenda, Presentation, and Sign-in Sheets												
Determine exercise Scope (See <i>Section B: Scope</i> )												
Develop C&O Meeting Minutes												
<b>2. Initial Planning Conference</b>												
Schedule IPC												
Prepare and send Invitations												
Develop and distribute Read-Ahead Packet												
Develop Agenda, Presentation, and Sign-in Sheets												
Determine exercise Scope (if no C&O Meeting is held prior. See <i>Section B: Scope</i> )												

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Determine Scenario (See <i>Section C: Scenario</i> )												
Assign responsibilities and due dates for each task												
Schedule next Planning Conference												
Develop IPC Minutes												
Begin Development of exercise Documentation (See <i>Section D: Documentation</i> )												
<b>3. Mid-term Planning Conference</b>												
Prepare and send Invitations												
Develop Agenda and Sign-in Sheets												
Schedule next Planning Conference												
Assign responsibilities and due dates for tasks												
Conduct visit of exercise site(s)												
Develop MPC Minutes												
<b>4. Master Scenario Events List (MSEL) Conference</b>												
Prepare and send Invitations												
Review MSEL												
Schedule next Planning Conference												
Assign responsibilities and due dates for tasks												
<b>5. Final Planning Conference</b>												
Prepare and send Invitations												
Develop Agenda and Sign-in Sheets												
Review all exercise materials, documents, and tasks												

### Operations-based Exercise Project Management Timeline



Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Assign responsibilities and due dates for tasks												
Develop FPC minutes												
<i>B. Scope</i>												
Identify Exercise Design Objectives												
Identify Exercise Participants												
<i>C. Scenario</i>												
Identify Exercise Venue												
Determine exercise weather conditions (pre-determined or real-world)												
Determine date and time for scenario to take place												
Identify the Threat/Hazard and/or Specific Agent												
<i>D. Documentation</i>												
Develop Exercise Plan (EXPLAN)												
Develop Controller and Evaluator (C/E) Handbook												
Develop Evaluation Plan (EVALPLAN)												
Develop Control Staff Instructions (COSIN)												
Develop Master Scenario Events List (MSEL)												
Develop Simulation Cell (SIMCELL) Messages												
Develop Exercise Evaluation Packets (EEPs)												
Develop Controller and Evaluator Packets												
Develop Multimedia Presentation												
Develop Exercise Schedule												

### Operations-based Exercise Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Develop Deployment Timetable for Assembly Area												
Develop list of Controller and Evaluator Assignments												
<i>E. Exercise Site Areas</i>												
Determine exercise site												
Determine Dispatch Requirements (e.g., whether dispatch will be off-site or on-site; provide dispatchers)												
Define Response Routes												
Designate Parking Area												
Designate Registration Area												
Designate Assembly Area												
Designate Observer/Media Area												
Designate SIMCELL and Master Control Cell (MCC) locations												
<i>F. Actors</i>												
Determine number of actors required												
Identify source(s) of actors												
Confirm recruited actors												
Develop Actor Waiver Forms												
Develop Actor Instructions												
Arrange for Moulage (actual materials, staff, and location for actor moulage)												
Arrange water and food for actors												
Arrange necessary transportation for actors (determine mode, schedule, pick-up and drop-off locations, actor tracking system)												

### Operations-based Exercise Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Develop Casualty Matrix												
Develop Symptomology Cards/Victim Tags												
Identify number and type of victim actors that will be at each location/exercise site												
Provide necessary protection after decontamination process (i.e., blankets)												
<i>G. Media / Public Information</i>												
Develop Media Release/Public Information Handout												
Identify Media/Public Liaison (communicates with media and public prior to exercise; escorts and briefs media and observers/VIPs before and during exercise)												
Develop Public Announcement												
Disseminate information to public and media (via print, television, radio, etc.)												
Schedule and conduct press conference												
Develop Media Policy												
<i>H. Logistics</i>												
Develop correspondence letters (invitations, thank you letters)												
Develop Mailing Lists (players, controllers, VIPs, evaluators, exercise planning team)												
Develop ID badges												
Procure necessary color hats, vests, armbands, etc.												
Provide food and refreshments												
Determine location for food and water stations												
Arrange for restrooms												
Develop Communications Plan												

### Operations-based Exercise Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Provide radios for controllers												
Designate radio channels for the exercise												
Provide videotaping for the exercise												
Provide necessary props (e.g., debris, mannequins)												
Provide necessary devices (e.g., flash bangs, smoke machines, pyrotechnics)												
Provide secondary device for render-safe procedures												
Provide site security												
Arrange for perimeter barricading and signage												
Develop Weapons Policy												
<i>I. Safety</i>												
Identify Safety Controller												
Develop Exercise Play Rules												
Arrange for dedicated ALS/BLS ambulance unit for real emergencies only												
Determine real world emergency procedures												
Develop Safety Policy (to include section on weapon safety protocols)												
<i>J. Exercise Staffing</i>												
Determine exercise staff requirements												
Select and train exercise staff												
<b>III. Conduct</b>												
<i>A. Briefings</i>												
Controller and Evaluator (C/E) Brief												

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Hospital Brief												
Actor Brief												
Observer Brief												
C/E Debrief												
Hospital Debrief												
<i>B. Documentation</i>												
Distribute EXPLAN												
Distribute Actor Waiver & Information Sheet												
Distribute Participant Feedback Forms												
Distribute C/E Packet (C/E Handbook, COSIN, EVALPLAN, MSEL, EEPs)												
<i>C. Exercise Control</i>												
Conduct communications check												
Conduct pyrotechnic and device check												
Conduct safety check												
Conduct weapons check												
Announce start of exercise												
Conduct Player Hotwash												
<b>IV. Evaluation</b>												
Develop Hotwash Minutes												
Conduct C/E Debrief												
Develop C/E Debrief Minutes												

### Operations-based Exercise Project Management Timeline

Exercise Planning Tasks	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
Develop Draft After Action Report												
Distribute Draft AAR to Exercise Planning Team for review												
<b>V. Improvement Planning</b>												
<i>A. After Action Conference</i>												
Schedule Conference												
Prepare and send Invitations												
Conduct After Action Conference												
Finalize AAR												
Develop Improvement Plan (IP)												
<i>B. Improvement Planning</i>												
Share lessons learned, best practices, and successes identified in AAR												
Implement AAR/IP												
Track implementation of AAR/IP												

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Operations-Based Exercises[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
<b>I. Foundation</b>					
Develop exercise budget					
Develop exercise planning timeline					
Identify Exercise Planning Team					
Schedule first planning conference					
<b>II. Design and Development</b>					
<i>A. Planning Conferences</i>					
<b>1. Concept and Objectives (C&amp;O) Meeting</b>					
Prepare and send invitations					
Develop agenda, presentation, and sign-in sheets					
Determine exercise scope (see <i>Section B: Scope</i> )					
Develop C&O Meeting minutes					
<b>2. Initial Planning Conference (IPC)</b>					
Schedule IPC					
Prepare and send invitations					
Develop and distribute read-ahead packet					
Develop agenda, presentation, and sign-in sheets					
Determine exercise scope (if no C&O Meeting is held prior; see <i>Section B: Scope</i> )					
Determine scenario (see <i>Section C: Scenario</i> )					

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Operations-Based Exercises[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
Assign responsibilities and due dates for each task					
Schedule next planning conference					
Develop IPC minutes					
Begin development of exercise documentation (see <i>Section D: Documentation</i> )					
<b>3. Midterm Planning Conference (MPC)</b>					
Prepare and send invitations					
Develop agenda and sign-in sheets					
Schedule next planning conference					
Assign responsibilities and due dates for tasks					
Conduct visit of exercise site(s)					
Develop MPC minutes					
<b>4. Master Scenario Events List (MSEL) Conference</b>					
Prepare and send invitations					
Review MSEL					
Schedule next planning conference					
Assign responsibilities and due dates for tasks					
<b>5. Final Planning Conference (FPC)</b>					
Prepare and send invitations					
Develop agenda and sign-in sheets					



## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Operations-Based Exercises[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
Review all exercise materials, documents, and tasks					
Assign responsibilities and due dates for tasks					
Develop FPC minutes					
<i>B. Scope</i>					
Identify exercise design objectives					
Identify exercise participants					
<i>C. Scenario</i>					
Identify exercise venue					
Determine exercise weather conditions (predetermined or real-world)					
Determine date and time for scenario to take place					
Identify the threat/hazard and/or specific agent					
<i>D. Documentation</i>					
Develop Exercise Plan (ExPlan)					
Develop Controller and Evaluator (C/E) Handbook					
Develop Evaluation Plan (EvalPlan)					
Develop Control Staff Instructions (COSIN)					
Develop MSEL					
Develop Simulation Cell (SimCell) messages					

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Operations-Based Exercises[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
Develop exercise evaluation packets					
Develop controller and evaluator packets					
Develop multimedia presentation					
Develop exercise schedule					
Develop deployment timetable for assembly area					
Develop list of controller and evaluator assignments					
<i>E. Exercise Site Areas</i>					
Determine exercise site					
Determine dispatch requirements (e.g., whether dispatch will be offsite or onsite; provide dispatchers)					
Define response routes					
Designate parking area					
Designate registration area					
Designate assembly area					
Designate observer/media area					
Designate SimCell and Master Control Cell (MCC) locations					
<i>F. Actors</i>					
Determine number of actors required					
Identify source(s) of actors					
Confirm recruited actors					

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Operations-Based Exercises[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
Develop actor waiver forms					
Develop actor instructions					
Arrange for moulage (actual materials, staff, and location for actor moulage)					
Arrange water and food for actors					
Arrange necessary transportation for actors (determine mode, schedule, pick-up and drop-off locations, actor tracking system)					
Develop casualty matrix					
Develop symptomology cards/victim tags					
Identify number and type of victim actors that will be at each location/exercise site					
Provide necessary protection after decontamination process (i.e., blankets)					
<i>G. Media/Public Information</i>					
Develop media release/public information handout					
Identify media/public liaison (communicates with media and public before exercise; escorts and briefs media and observers/VIPs before and during exercise)					
Develop public announcement					

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Operations-Based Exercises[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
Disseminate information to public and media (via print, television, radio, etc.)					
Schedule and conduct press conference					
Develop media policy					
<i>H. Logistics</i>					
Develop correspondence letters (invitations, thank you letters)					
Develop mailing lists (players, controllers, VIPs, evaluators, Exercise Planning Team)					
Develop ID badges					
Procure necessary color hats, vests, armbands, etc.					
Provide food and refreshments					
Determine location for food and water stations					
Arrange for restrooms					
Develop Communications Plan					
Provide radios for controllers					
Designate radio channels for the exercise					
Provide videotaping for the exercise					
Provide necessary props (e.g., debris, mannequins)					

## Homeland Security Exercise and Evaluation Program (HSEEP)

## Master Task List

## Operations-Based Exercises

[Full Exercise Name]

[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
Provide necessary devices (e.g., flash bangs, smoke machines, pyrotechnics)					
Provide secondary device for render-safe procedures					
Provide site security					
Arrange for perimeter barricading and signage					
Develop weapons policy					
<i>I. Safety</i>					
Identify Safety Controller					
Develop exercise play rules					
Arrange for dedicated basic life support (BLS)/advanced life support (ALS) ambulance unit for real emergencies only					
Determine real-world emergency procedures					
Develop safety policy (to include section on weapon safety protocols)					
<i>J. Exercise Staffing</i>					
Determine exercise staff requirements					
Select and train exercise staff					
<b>III. Conduct</b>					
<i>A. Briefings</i>					
Controller and evaluator (C/E) brief					

## Homeland Security Exercise and Evaluation Program (HSEEP)

Master Task List  
Operations-Based Exercises[Full Exercise Name]  
[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
Hospital brief					
Actor brief					
Observer brief					
C/E debrief					
Hospital debrief					
<i>B. Documentation</i>					
Distribute ExPlan					
Distribute Actor Waiver and Information Sheet					
Distribute Participant Feedback Forms					
Distribute C/E packet (C/E Handbook, COSIN, EvalPlan, MSEL, exercise evaluation packets)					
<i>C. Exercise Control</i>					
Conduct communications check					
Conduct pyrotechnic and device check					
Conduct safety check					
Conduct weapons check					
Announce start of exercise					
Conduct Player Hot Wash					
<b>IV. Evaluation</b>					
Develop Hot Wash minutes					
Conduct C/E debrief					
Develop C/E debrief minutes					

## Homeland Security Exercise and Evaluation Program (HSEEP)

## Master Task List

## Operations-Based Exercises

[Full Exercise Name]

[Exercise Name Continued]

Exercise Planning Tasks	Responsible Party	Contact Information	Date Due	Date Completed	Remarks
Develop draft After Action Report (AAR)					
Distribute draft AAR to Exercise Planning Team for review					
<b>V. Improvement Planning</b>					
<i>A. After Action Conference</i>					
Schedule conference					
Prepare and send invitations					
Conduct After Action Conference					
Finalize AAR					
Develop Improvement Plan (IP)					
<i>B. Improvement Planning</i>					
Share lessons learned, best practices, and successes identified in AAR					
Implement AAR/IP					
Track implementation of AAR/IP					



FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Recommended Exercise Planning Timeline Operations-Based Exercises

Activity	Task	Task Materials	Relationship to Key Events in Workdays/Weeks (Approximately)
<b>Exercise Foundation</b>	Develop exercise budget	▪ Sponsor agency's budget format	Minimum 7 months before exercise
	Identify Exercise Planning Team members	▪ Exercise Planning Team organization chart	Minimum 7 months before exercise
<b>Initial Planning Conference (IPC)</b>	Develop IPC materials	▪ IPC presentation ▪ Agenda ▪ Sign-in sheets ▪ Sample objectives ▪ Participating agency list	3 to 4 weeks before IPC
	Send IPC invitations and read-ahead packet to Exercise Planning Team	▪ Invitations ▪ Read-ahead packet	2 to 3 weeks before IPC
	Finalize IPC materials	▪ IPC presentation ▪ Agenda ▪ Sign-in sheets ▪ Master task list ▪ Sample objectives ▪ Participating agency list	3 days before IPC
	Conduct IPC	▪ Approximately 4 hours	Minimum 6 months before exercise
	Provide IPC minutes to Exercise Planning Team	▪ IPC minutes	11 days after IPC
<b>Midterm Planning Conference (MPC)</b>	Develop draft Exercise Plan (ExPlan)	▪ Draft ExPlan	30 days before MPC
	Develop draft Master Scenario Events List (MSEL)	▪ Draft MSEL	Minimum 5 days before MPC





# FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Recommended Exercise Planning Timeline Operations-Based Exercises

Activity	Task	Task Materials	Relationship to Key Events in Workdays/Weeks (Approximately)
	Finalize MPC materials	<ul style="list-style-type: none"><li>▪ Draft ExPlan</li><li>▪ Draft MSEL</li><li>▪ MPC presentation</li><li>▪ Agenda</li><li>▪ Sign-in sheets</li><li>▪ Master Task List</li></ul>	5 days before MPC
	Conduct MPC	<ul style="list-style-type: none"><li>▪ 4 to 6 hours</li></ul>	Minimum 3 months before exercise
	Conduct exercise site walkthrough	<ul style="list-style-type: none"><li>▪ N/A</li></ul>	Following MPC
	Provide MPC minutes to Exercise Planning Team	<ul style="list-style-type: none"><li>▪ MPC minutes</li></ul>	14 days after MPC
<b>Final Planning Conference (FPC)</b>	Finalize ExPlan	<ul style="list-style-type: none"><li>▪ ExPlan</li></ul>	Minimum 75 days before FPC
	Develop draft Controller and Evaluator (C/E) Handbook	<ul style="list-style-type: none"><li>▪ Draft C/E Handbook</li></ul>	Minimum 10 days before FPC
	Develop media/public information handout	<ul style="list-style-type: none"><li>▪ Media/public information handout</li></ul>	Minimum 10 days before FPC
	Develop communications plan	<ul style="list-style-type: none"><li>▪ Draft communications plan</li></ul>	Minimum 10 days before FPC
	Finalize FPC materials	<ul style="list-style-type: none"><li>▪ Media/public information handout</li><li>▪ Draft C/E Handbook</li><li>▪ Draft communications plan</li><li>▪ Draft MSEL</li><li>▪ ExPlan</li><li>▪ FPC presentation</li><li>▪ Agenda</li><li>▪ Sign-in sheets</li><li>▪ Master task list</li></ul>	Minimum 5 days before FPC
	Conduct FPC	<ul style="list-style-type: none"><li>▪ 4 to 6 hours</li></ul>	Minimum 6 weeks before exercise
	Finalize C/E assignments	<ul style="list-style-type: none"><li>▪ C/E assignments</li></ul>	Before conclusion of FPC



# FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Recommended Exercise Planning Timeline Operations-Based Exercises

Activity	Task	Task Materials	Relationship to Key Events in Workdays/Weeks (Approximately)
	Finalize assembly area handout	▪ Assembly area handout	Before conclusion of FPC
	Provide FPC minutes to Exercise Planning Team	▪ FPC minutes	2 days after FPC
Exercise Conduct	Distribute ExPlan to participating agencies and/or organizations	▪ ExPlan	25 days before exercise
	Conduct Controller And Evaluator Training/Briefing and distribute C/E packet	▪ Presentation ▪ C/E packet (C/E Handbook, MSEL, Communications Plan, C/E assignments)	Minimum 1 day before exercise
	Set up facility	▪ N/A	1 day before exercise
	Conduct exercise participant briefings (and moulage if applicable)	▪ Actor brief ▪ Actor waiver forms ▪ Sign-in sheets ▪ Badges ▪ Triage/symptom tags ▪ Player brief ▪ Media/observer brief	Just before exercise
	Conduct exercise	▪ N/A	Exercise
	Conduct Hot Wash	▪ Participant Feedback Forms	Maximum 2 hours after exercise
	Conduct C/E Debriefing	▪ C/E Debriefing presentation	Maximum 1 day after exercise
	Provide Hot Wash minutes, C/E Debriefing minutes, and Participant Feedback Forms to Exercise Planning Team	▪ Hot Wash minutes ▪ C/E Debriefing minutes ▪ Participant Feedback Forms	3 to 4 days after exercise



FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Recommended Exercise Planning Timeline Operations-Based Exercises

Activity	Task	Task Materials	Relationship to Key Events in Workdays/Weeks (Approximately)
<b>After Action Report/Improvement Plan (AAR/IP)</b>	Develop draft AAR/IP	▪ Draft AAR/IP	2 to 3 weeks after exercise
	Provide draft AAR to sponsor agency and Exercise Planning Team	▪ Draft AAR/IP	4 weeks after exercise
<b>After Action Conference</b>	Conduct After Action Conference	▪ After Action Conference presentation ▪ Agenda ▪ Sign-in sheets ▪ Draft AAR/IP	5 weeks after exercise
<b>Final AAR/IP</b>	Finalize AAR/IP and distribute to sponsor agency and Exercise Planning Team	▪ Final AAR/IP	60 days after exercise
	Share lessons learned, best practices, and successes identified in final AAR/IP	▪ Final AAR/IP	60 days after exercise
	Track improvements	▪ Final AAR/IP	Continuous, with annual reviews

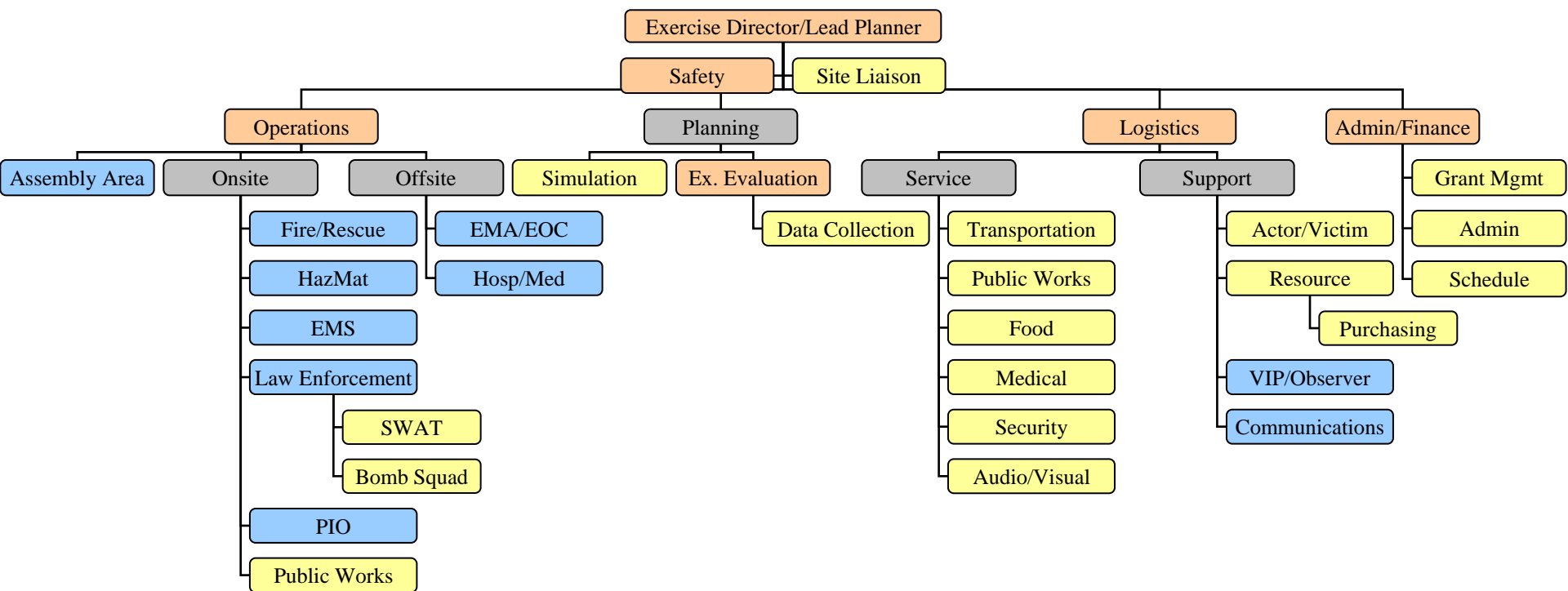
# Exercise Planning Team Organizational Chart

Minimum Positions

Expanded Positions (Task Oriented)

Operations-Based Exercises

Sectioning Designation





## **HSEEP Exercise Guidance Recommended Planning Team Members for Operations-Based Exercises**

---

Exercise Planning Team members should be determined based on the scope and type of exercise as well as the scenario. For example, a point of distribution (POD) drill that simulates the distribution of pharmaceutical supplies should involve planners and subject matter experts (SMEs) from the medical and public health communities.

The following sample list of Exercise Planning Team members should be modified to meet the jurisdiction's requirements. The agencies marked with asterisks are most critical to have present during all planning conferences.

### **Emergency Management**

- Emergency manager\*
- Homeland security\*
- Public health\*
- Public works
- Transportation/transit authority
- Public affairs
- Exercise venue/site management (e.g., stadium security)

### **Fire**

- Fire department\*
- Communications/dispatch\*
- Special operations (e.g., hazardous materials [HazMat], Metropolitan Medical Response System [MMRS])\*
- Mutual aid fire\*

### **Law Enforcement**

- Police\*
- Special operations (e.g., bomb squad, Special Weapons and Tactics [SWAT])\*
- Sheriff's department\*
- Local branch of Federal Bureau of Investigation (FBI)\*
- Mutual aid law enforcement\*

### **Medical**

- Hospital representatives (primary trauma center and/or hospital association)\*
- Emergency medical services (EMS) (public and private)\*
- Mutual aid
- Medical examiner/coroner

## INITIAL PLANNING CONFERENCE (IPC) AGENDA

[Date]

- I. Welcome and Introductions
- II. Exercise Overview
- III. Exercise Participants
- IV. Exercise Design
- V. Exercise Objectives
- VI. Scenario Elements and Venue
- VII. Documentation
- VIII. Evaluation
- IX. Support Requirements
- X. Action Items
- XI. Next Steps

## INITIAL PLANNING CONFERENCE (IPC) SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

## CONCEPTS AND OBJECTIVES (C&O) MEETING AGENDA

[Date]

### I. Welcome and Introductions

### II. Review State Multiyear Exercise Plan

### III. Exercise Overview

### IV. Propose Exercise Design Elements

- a. Objectives
- b. Scenario
- c. Venue
- d. Documentation
- e. Exercise Participants
- f. Support and Logistics

### V. Propose Exercise Timeline

- a. Future Planning Conference Dates
- b. Exercise Date

### VI. Action Items



## CONCEPT AND OBJECTIVES (C&O) MEETING SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

## INITIAL PLANNING CONFERENCE (IPC) MINUTES

[Meeting Date]

**Date and Location.** The [Exercise Name] Initial Planning Conference (IPC) was held on [Date], at [Location] in [City, Town, County], [State]. Attendees included representatives from:

- [List Participating Agencies and Organizations]

**Purpose.** The purpose of this IPC was to introduce the exercise concept, including local design objectives, scenario elements, participants, and exercise methodology, and to discuss exercise support requirements for the upcoming [Exercise Name]. These minutes provide an overview of the conference including agreements made between [governmental scope] exercise planners.

### Overview of Activities

**General.** The Exercise Planning Team provided an agenda to include suggested exercise design objectives, scenario design, and exercise support requirements, including contractor support.

The Exercise Planning Team facilitated the conference, tentatively agreeing to hold the Midterm Planning Conference (MPC) on [Date], at [Time], and the Final Planning Conference (FPC) on [Date], at [Time]. Meeting locations will be determined.

[Name], from [Agency] was chosen as the lead exercise planner for this exercise.

**Exercise Overview.** [Exercise Name] is scheduled to run for [Length of Play]. Controllers and evaluators will be required to attend an evaluator orientation the day before the exercise and a debriefing the day after the exercise.

[Provide high-level scenario description here.]

### Exercise Design

**Purpose.** The purpose of the exercise will be to assess [Jurisdiction] agencies' [mission type] to a [scenario type] incident.

**Objectives.** The Exercise Planning Team suggested the following objectives. These will be reviewed and finalized by the group during the MPC:

1. [Objective 1]
2. [Objective 2]

**Participating Agencies:** The planning group had a limited discussion of which jurisdictions would participate in the exercise. The following jurisdictions have tentatively been identified to participate, with agency participation to be finalized through letters of commitment to be sent out by the Exercise Planning Team. These jurisdictions include:

- [List Participating Agencies]

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

## Initial Planning Conference (IPC) Minutes

[Exercise Name Continued]

**Exercise Scenario Review.** The exercise will be held on [Date]. The controller and evaluator training will be held the day before, and the After Action Conference will be held on [Date]. Exercise conduct will occur at [Location(s)].

[Provide additional scenario description here]

**Support Requirements.** Controllers, evaluators, safety officers, and a lead exercise planner are required for this exercise. A number of actors will also be required to ensure exercise realism.

## Outstanding Action Items

The following actions remain open:

### Exercise Planning Team

- Confirm exercise date and time.
- Confirm exercise objectives.
- Confirm exercise scenario.
- Identify venues (names and addresses of locations).
- Identify and invite possible participating agencies.
- Identify and send letters of commitment to participants.
- Identify possible controllers and evaluators.
- Identify available equipment for use during the exercise (to provide to players).
- Supply current [Jurisdiction] plan to lead exercise planner.
- Draft a Master Scenario Events List (MSEL) for review at [MPC/MSEL Conference].
- Draft Exercise Plan (ExPlan) for review at MPC.
- Draft Controller and Evaluator (C/E) Handbook for review at MPC.
- Draft Exercise Evaluation Guides (EEGs) for review at FPC.

### Next Steps

- The Exercise Planning Team budget meeting will be held on [Date].
- The MPC is scheduled for [Date] at [Time] at a location to be confirmed.

## Points of Contact (POCs)

### Exercise Manager:

[Contact Information]

### Lead Exercise Planner:

[Contact Information]

Homeland Security Exercise and Evaluation Program (HSEEP)

**Attendee List**

Name	Organization	Phone Number	E-Mail

## CONCEPT AND OBJECTIVES (C&O) MEETING MINUTES

[Meeting Date]

**Date and Location.** [Agency/Jurisdiction] hosted a Concept and Objectives (C&O) Meeting on [Date], in preparation for the upcoming [Full Exercise Name].

**Participants.** C&O Meeting attendees included:

- [List Participating Agencies]

**Purpose.** The purpose of the C&O Meeting was to review the proposed exercise concept; confirm future planning conferences; and begin discussion of design objectives, scenario, participants, exercise methodology, and logistical requirements. Discussion and agreements made between planning team members during the meeting are provided below.

### Overview of Activities

**Exercise Overview.** The exercise is a [Exercise Type] exercise. Other exercise activities, such as initial briefing of key players and a Hot Wash at the conclusion of the exercise to elicit initial feedback on lessons learned, are not included in the [Exercise Duration]-hour period. Other participants from adjoining jurisdictions and Federal agencies will be invited to participate at the community's discretion. Each task performed will have associated standards/performance measures based on community standard operating procedures (SOPs).

**Exercise Design.** An overview of the exercise process and general parameters was provided. The planning conference provided an opportunity for planning team members to discuss requirements for planning and conduct of the exercise. The following exercise concept and associated tasks were discussed:

- The conference identified several design objectives for the exercise. The community would like to focus on the following issues:
  - [Insert Objectives Here]
- The exercise will be held at [Venue].
- The scenario will be based on:
  - [Overview]

**Planning Conferences.** Additional planning conferences have been scheduled. The dates and focus of the conferences will be as follows:

- **Initial Planning Conference (IPC).** The IPC, to be held on [Date] at [Location], will be conducted to review the proposed exercise concept; confirm future planning conferences; and begin discussion of design objectives, scenario, participants, exercise methodology, and logistical requirements.
- **Midterm Planning Conference (MPC).** The MPC, to be held on [Date] at [Location], will be conducted to review the proposed exercise concept; continue discussion of scenario, participants, exercise methodology, and logistical requirements; and review

Homeland Security Exercise and Evaluation Program (HSEEP)  
**Concept and Objective (C&O) Meeting Minutes** **[Full Exercise Name]**  
**(Operations-Based Exercise)** **[Exercise Name Continued]**

draft documentation (e.g., Exercise Plan). A walkthrough of the exercise site will be conducted to coordinate any final details and to obtain necessary photos and images.

- **Final Planning Conference (FPC).** The FPC, to be held on [Date] at [Location], will be conducted to review drafts of exercise materials (e.g., Situation Manual, Exercise Evaluation Guides) covering the scenario, all background materials, design objectives, scope of play, support requirements, evaluation materials, etc.

**Exercise Conduct.** The exercise will be held on [Start Date], at [Venue].

- Additional training of controllers and evaluators will occur on [Date], to prepare them for their roles during the exercise.
- Actor briefings, informing them of their roles and actions, will be held the morning of the exercise.
- A debriefing for controllers and evaluators will be held soon after the exercise's conclusion. A Hot Wash for players will occur immediately after the exercise.

## Outstanding Actions

The following actions remain and will be finalized at the IPC:

- Coordinate participation by agencies, and provide invitations.
- Finalize the design objectives for the exercise.
- Compile a list of participating agencies and their planning representatives/contact numbers.
- Select exercise controllers and evaluators.
- Gather relevant emergency operations plans (EOPs) and SOPs for participating agencies.
- Provide maps of the exercise site.

## Exercise Planning Team Points of Contact (POCs)

**Exercise POC:**

[Contact Information]

**Lead Exercise Planner:**

[Contact Information]

## Attendee List

The following individuals attended the C&O Meeting.

Name	Organization	Phone Number	E-Mail

[Protective Marking]

Homeland Security Exercise and Evaluation Program (HSEEP)  
Concept and Objective (C&O) Meeting Minutes [Full Exercise Name]  
(Operations-Based Exercise) [Exercise Name Continued]

Name	Organization	Phone Number	E-Mail

# Initial Planning Conference (IPC)

[Exercise Name]

[Date]



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# Welcome and Introductions

---



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# Today's Goals

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- Review exercise program
- Propose and discuss design objectives
- Select scenario venue and variables
- Discuss exercise process, structure, participation, and documentation
- Discuss support requirements



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# Exercise Overview

---



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# [Type] Exercise

---

- Operations-based exercise
- No-inspection, no-fault, learning environment
- Based on design objectives selected by community



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# Scope

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- [Insert description of scope.]



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# Purpose

---

- [Insert purpose statement.]



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# Target Capabilities

---

- [Insert the exercise's target capabilities.]



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# Objectives

---

- [Insert objectives.]



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# Exercise Scenario

---

- [Insert brief description/characteristics of the scenario.]



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# Exercise Participants

---

- Responders: [Include departments, agencies, and any other sources that may provide responders to an incident such as fire, emergency medical services (EMS), or police.]
- Emergency management: [Include organizations that are involved with the emergency management aspect of the exercise such as the mayor's office and public affairs.]
- Mutual aid: [Include any available mutual aid assets such as regional response assets or mutual aid agencies.]
- Federal and State: [List agencies that would be involved in this type of incident such as the Federal Bureau of Investigation.]



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# Hospital Participation (Optional)

---

- Allows focus on first responder–hospital integration
- Requires extra logistical support
  - Pool of “victim” actors
  - Transportation issues
  - Coordinators for actors (1 per 30)
  - Extra attention on tracking actors
- Special hospital orientation and debriefing



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# Actors

---

- Number sufficient to stress system
- Variety of symptoms
- Getting actors is the biggest challenge



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# Observers and Media

---

- Observers
  - Intended to observe field play
  - No functional role
- Media
  - Invited to observe and record field play
  - Limit access to play area and escort



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# Exercise Staff Organization

---

- Exercise director
- Lead exercise planner
- Exercise controllers
  - Senior controller
- Exercise evaluators
  - Senior evaluator
- Actors
- Exercise support staff



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# Controller Functions

---

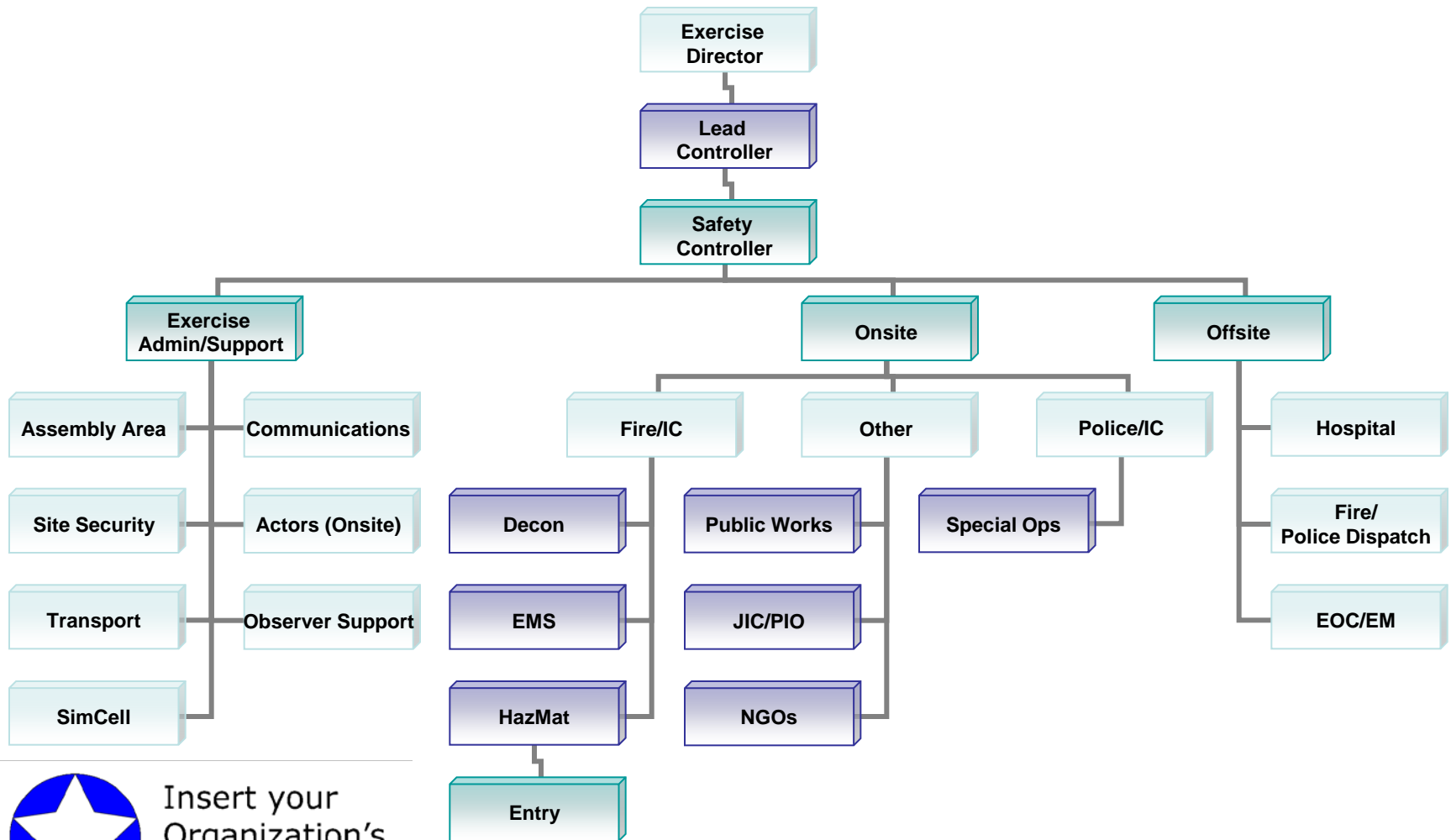
- Lead exercise planner
  - Gives final approval of exercise activities
  - Monitors exercise progress and coordinates any required modifications
- Senior controller
  - Coordinates control activities
- Individual controller
  - Introduces, maintains, and coordinates exercise events in accordance with the Master Scenario Events List (MSEL)
  - Observes and reports exercise artificialities that interfere with realism



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# Sample Controller Staff



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# Evaluator Functions

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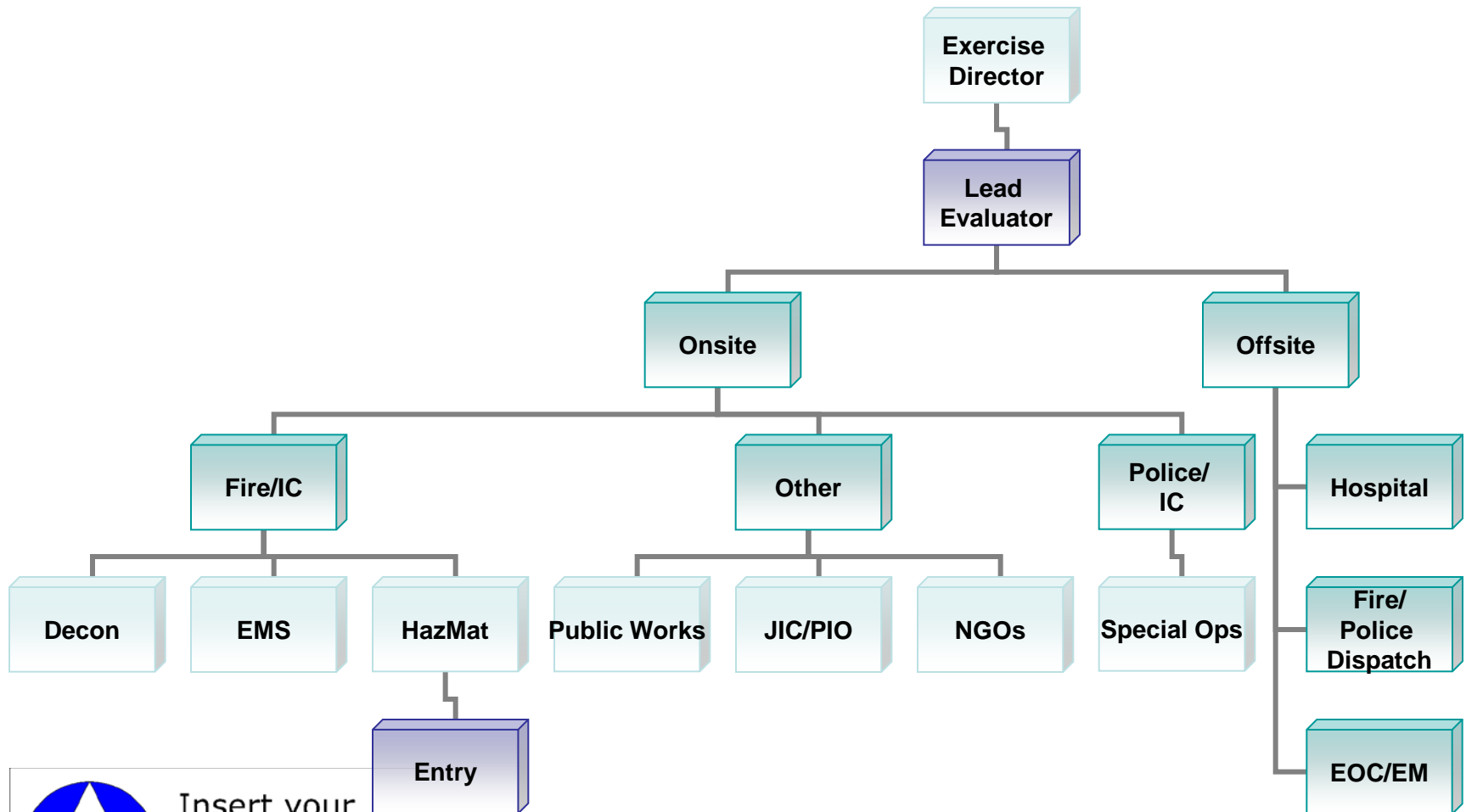
- Know the procedures for the element being evaluated.
- Understand the exercise concept and scenario.
- Cover each assigned organization and area.
- Inform controller of design-related problems.
- Observe, record, and report player actions.
- Collect all evaluation data, Exercise Evaluation Guides (EEGs), and materials after the exercise.
- Report issues to the lead evaluator.



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# Sample Evaluator Staff



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# Exercise Identification

---

- Exercise director [color] hat
- Controllers [color] badges
- Evaluators [color] badges
- Support staff [color] badges
- Players [color] badges
- Observers [color] badges
- Media [color] badges
- Actors [color] symptomology tags



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# Weapons Policy

---

- Personnel not serving as exercise participants will NOT carry a loaded weapon within the confines of the exercise play area. They may continue to carry their weapon only after it has been properly cleared and rendered safe (i.e., no ammunition in chamber, cylinder, breach, or magazines) and only after being marked or identified in a conspicuous manner (i.e., bright tape visible around the stock or holster).
- Personnel providing exercise site security may carry loaded weapons.



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# Documentation

---

- Exercise Plan (ExPlan)
  - Provides administrative details of exercise
  - Does not give operational details or scenario information
  - Reviewed at the Midterm Planning Conference (MPC)
  - Distributed before exercise



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# Documentation (cont'd)

---

- Controller and Evaluator (C/E) Handbook
  - Contains all information critical to the exercise
  - Limited distribution
  - Contains evaluation materials
  - Reviewed at the Final Planning Conference (FPC)
  - Distributed at preexercise briefing



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# Debriefings

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- Responder Hot Wash
- Controller/Evaluator Debriefing
- [Hospital Debriefing]



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# Support Requirements

---

- Briefing rooms and moulage room (if needed)
- Communications network and hardware
- Participant needs
  - Water
  - Restrooms
- Real-world emergency requirements



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# Site Maps and Area

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- [Insert maps and aerial photographs of the exercise site and surrounding area.]



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# Initial Response

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- Prestaged versus real-time response



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# After Action Report (AAR)/ Improvement Plan (IP)

---

- Purpose
  - Document controller and evaluator observations
  - Provide feedback
  - Pass on lessons learned
- Report contains:
  - Objectives
  - Recommendations
  - Observations
  - Innovations
- Distribution
  - Local community
  - Federal partners



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# Today's Tasks

---

- Confirm conduct date and time.
- Confirm objectives.
- Confirm scenario.
- Identify possible venues.
- Identify and invite possible participating agencies and participants.
- Identify possible controllers and evaluators.
- Identify available equipment for player use.
- Draft a MSEL for review at [MPC/MSEL Conference].
- Draft ExPlan and C/E Handbook for review at MPC.
- Draft EEGs for review at FPC.



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# Future Planning Conferences

---

- MPC: [Date]
- Continue planning process
  - Scenario development
  - Exercise support requirements
  - Site visit
  - MSEL review
- Review ExPlan



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# Future Planning Conferences (cont'd)

---

- FPC: [Date]
- Finalize exercise plans
  - Scenario timeline
  - Support needs and logistics
- Review C/E Handbook



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# Closing

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FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Recommended Exercise Planning Timeline Operations-Based Exercises

Activity	Task	Task Materials	Relationship to Key Events in Workdays/Weeks (Approximately)
<b>Exercise Foundation</b>	Develop exercise budget	▪ Sponsor agency's budget format	Minimum 7 months before exercise
	Identify Exercise Planning Team members	▪ Exercise Planning Team organization chart	Minimum 7 months before exercise
<b>Initial Planning Conference (IPC)</b>	Develop IPC materials	▪ IPC presentation ▪ Agenda ▪ Sign-in sheets ▪ Sample objectives ▪ Participating agency list	3 to 4 weeks before IPC
	Send IPC invitations and read-ahead packet to Exercise Planning Team	▪ Invitations ▪ Read-ahead packet	2 to 3 weeks before IPC
	Finalize IPC materials	▪ IPC presentation ▪ Agenda ▪ Sign-in sheets ▪ Master task list ▪ Sample objectives ▪ Participating agency list	3 days before IPC
	Conduct IPC	▪ Approximately 4 hours	Minimum 6 months before exercise
	Provide IPC minutes to Exercise Planning Team	▪ IPC minutes	11 days after IPC
<b>Midterm Planning Conference (MPC)</b>	Develop draft Exercise Plan (ExPlan)	▪ Draft ExPlan	30 days before MPC
	Develop draft Master Scenario Events List (MSEL)	▪ Draft MSEL	Minimum 5 days before MPC





# FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Recommended Exercise Planning Timeline Operations-Based Exercises

Activity	Task	Task Materials	Relationship to Key Events in Workdays/Weeks (Approximately)
	Finalize MPC materials	<ul style="list-style-type: none"><li>▪ Draft ExPlan</li><li>▪ Draft MSEL</li><li>▪ MPC presentation</li><li>▪ Agenda</li><li>▪ Sign-in sheets</li><li>▪ Master Task List</li></ul>	5 days before MPC
	Conduct MPC	<ul style="list-style-type: none"><li>▪ 4 to 6 hours</li></ul>	Minimum 3 months before exercise
	Conduct exercise site walkthrough	<ul style="list-style-type: none"><li>▪ N/A</li></ul>	Following MPC
	Provide MPC minutes to Exercise Planning Team	<ul style="list-style-type: none"><li>▪ MPC minutes</li></ul>	14 days after MPC
<b>Final Planning Conference (FPC)</b>	Finalize ExPlan	<ul style="list-style-type: none"><li>▪ ExPlan</li></ul>	Minimum 75 days before FPC
	Develop draft Controller and Evaluator (C/E) Handbook	<ul style="list-style-type: none"><li>▪ Draft C/E Handbook</li></ul>	Minimum 10 days before FPC
	Develop media/public information handout	<ul style="list-style-type: none"><li>▪ Media/public information handout</li></ul>	Minimum 10 days before FPC
	Develop communications plan	<ul style="list-style-type: none"><li>▪ Draft communications plan</li></ul>	Minimum 10 days before FPC
	Finalize FPC materials	<ul style="list-style-type: none"><li>▪ Media/public information handout</li><li>▪ Draft C/E Handbook</li><li>▪ Draft communications plan</li><li>▪ Draft MSEL</li><li>▪ ExPlan</li><li>▪ FPC presentation</li><li>▪ Agenda</li><li>▪ Sign-in sheets</li><li>▪ Master task list</li></ul>	Minimum 5 days before FPC
	Conduct FPC	<ul style="list-style-type: none"><li>▪ 4 to 6 hours</li></ul>	Minimum 6 weeks before exercise
	Finalize C/E assignments	<ul style="list-style-type: none"><li>▪ C/E assignments</li></ul>	Before conclusion of FPC



# FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Recommended Exercise Planning Timeline Operations-Based Exercises

Activity	Task	Task Materials	Relationship to Key Events in Workdays/Weeks (Approximately)
	Finalize assembly area handout	▪ Assembly area handout	Before conclusion of FPC
	Provide FPC minutes to Exercise Planning Team	▪ FPC minutes	2 days after FPC
Exercise Conduct	Distribute ExPlan to participating agencies and/or organizations	▪ ExPlan	25 days before exercise
	Conduct Controller And Evaluator Training/Briefing and distribute C/E packet	▪ Presentation ▪ C/E packet (C/E Handbook, MSEL, Communications Plan, C/E assignments)	Minimum 1 day before exercise
	Set up facility	▪ N/A	1 day before exercise
	Conduct exercise participant briefings (and moulage if applicable)	▪ Actor brief ▪ Actor waiver forms ▪ Sign-in sheets ▪ Badges ▪ Triage/symptom tags ▪ Player brief ▪ Media/observer brief	Just before exercise
	Conduct exercise	▪ N/A	Exercise
	Conduct Hot Wash	▪ Participant Feedback Forms	Maximum 2 hours after exercise
	Conduct C/E Debriefing	▪ C/E Debriefing presentation	Maximum 1 day after exercise
	Provide Hot Wash minutes, C/E Debriefing minutes, and Participant Feedback Forms to Exercise Planning Team	▪ Hot Wash minutes ▪ C/E Debriefing minutes ▪ Participant Feedback Forms	3 to 4 days after exercise



FEMA

## Homeland Security Exercise and Evaluation Program (HSEEP) Recommended Exercise Planning Timeline Operations-Based Exercises

Activity	Task	Task Materials	Relationship to Key Events in Workdays/Weeks (Approximately)
<b>After Action Report/Improvement Plan (AAR/IP)</b>	Develop draft AAR/IP	▪ Draft AAR/IP	2 to 3 weeks after exercise
	Provide draft AAR to sponsor agency and Exercise Planning Team	▪ Draft AAR/IP	4 weeks after exercise
<b>After Action Conference</b>	Conduct After Action Conference	▪ After Action Conference presentation ▪ Agenda ▪ Sign-in sheets ▪ Draft AAR/IP	5 weeks after exercise
<b>Final AAR/IP</b>	Finalize AAR/IP and distribute to sponsor agency and Exercise Planning Team	▪ Final AAR/IP	60 days after exercise
	Share lessons learned, best practices, and successes identified in final AAR/IP	▪ Final AAR/IP	60 days after exercise
	Track improvements	▪ Final AAR/IP	Continuous, with annual reviews

## MIDTERM PLANNING CONFERENCE (MPC) SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

## MIDTERM PLANNING CONFERENCE (MPC) MINUTES

[Meeting Date]

**Date and Location.** The [Exercise Name] Midterm Planning Conference (MPC) was held on [Date], at the [Venue] in [City, Town, County], [State]. Attendees included representatives from:

- [List Agencies and Organizations]

**Purpose.** The purpose of the MPC was to finalize local design objectives, scenario elements, participants, exercise format, and exercise support requirements. These minutes provide an overview of the conference and record any decisions or agreements made between stakeholders and representatives from the jurisdictions and State agencies.

### Overview of Activities

**General.** Exercise personnel provided an overview of the planning process and the tentative decisions reached at the Initial Planning Conference (IPC). The conference was designed to provide the opportunity for exercise planners to confirm the following:

- Specific design objectives for the design of the exercise
- Scenario accuracy
- Local, State, and Federal agency participants
- Site of the exercise facility and support requirements

**Exercise Overview.** The exercise, which is scheduled for [Length of Play], will be based on [scenario] within [Jurisdiction]. The exercise will consist of training for controllers and evaluators on [Date]; the exercise on [Date]; and an after action review by controllers, evaluators, and emergency management representatives on [Date].

**Exercise Design.** Subsequent discussion of the design objectives, scenario elements, and exercise dates resulted in the following overarching objectives:

- Test communications within [Jurisdiction].
- Exercise local community emergency management plans (CEMPs).
- Evaluate the ability of responders to support each other simultaneously during a [scenario] event.
- Evaluate the [Jurisdiction]'s ability to respond to a [scenario] event.

**Exercise Conduct.** Exercise personnel walked attendees through the [Master Scenario Events List (MSEL),] Controller Instructions, and Evaluation Plan. This gave local planners an opportunity to ensure that local policies, procedures, and venues were accurately portrayed and to raise any possible questions.

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

## Midterm Planning Conference (MPC) Minutes

[Exercise Name Continued]

**Outstanding Actions**

The following actions remain and will be reviewed at the Final Planning Conference (FPC) at [Venue] on [Date] at [Time].

**Exercise Planning Team:**

- Coordinate participation of additional local agencies.
- Coordinate any final logistical issues.
- Coordinate collection of telephone directories for each Emergency Operations Center (EOC) and hospital involved in order to facilitate a Communications Plan.
- Finalize the MSEL, Communications Plan, Exercise Plan (ExPlan), Controller Instructions, and Evaluation Plan and provide copies to the [Jurisdiction] for coordination.
- Coordinate the arrival of setup personnel at venues.

**Points of Contact (POCs)****[Jurisdiction] Exercise Manager:**

[Contact Information]

**Lead Exercise Planner:**

[Contact Information]

**Attendee List**

Name	Organization	Phone Number	E-Mail

# Midterm Planning Conference (MPC)

[Exercise Name]

[Date]



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# Welcome and Introductions

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# Agenda

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- Welcome and Introductions
- Initial Planning Conference (IPC) Review
- Exercise Objectives
- Exercise Design
- Exercise Control and Evaluation
- Venue Site and Logistics
- Exercise Participants
- Exercise Timelines
- Review and Action Items
- Questions



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# Goals of Midterm Planning Conference (MPC)

---

- Confirm exercise goals and objectives.
- Discuss exercise scenario.
- Confirm Exercise Planning Team and exercise participants.
- Identify evaluation team and requirements.
- Review draft exercise documents.
- Review exercise schedule and logistics.



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# Initial Planning Conference (IPC) Review

---

- IPC minutes
- Scope
- Purpose
- Objectives
- Scenario
- Participating agencies
- Action items
- Exercise dates



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# Important Dates

---

- Final Planning Conference (FPC): [Date]
- Controller/Evaluator Briefing: [Date]
- Exercise Conduct: [Date]



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# Exercise Objectives

---

- [Insert exercise objectives.]



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# Scenario

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- [Describe the operations-based exercise scenario or list its characteristics.  
Elements listed may include date, location, time, weather, threat, hazard, agent, and casualty count.]



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# Documentation

---

- Applicable standard operating procedures (SOPs) and emergency operations plans (EOPs)
- [Master Scenario Events List (MSEL), if applicable]
- Exercise Plan (ExPlan)
- After Action Report (AAR)/Improvement Plan (IP)



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# Exercise Control

---

- Review control concept
- Controllers
  - Who will serve as controllers?
  - When will controller training be conducted?



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# Exercise Evaluation

---

- Review evaluation approach
- Exercise Evaluation Guides (EEGs)
- Evaluators
  - Who will serve as evaluators?
  - When will evaluator training be conducted?



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# Venue Site and Logistics

---

- Remaining logistical requirements:
  - Determine communication needs.
  - Confirm exercise venue.
  - Identify participants and determine total numbers.
  - Determine multimedia utilization.



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# Exercise Participants

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- Who else needs to participate in order to accomplish scenario objectives?
- How do we foster participation?
- What jurisdictions need to be simulated?
- How many observers should we expect?



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# Exercise Timeline

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- [Insert exercise timelines and schedules.]



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# Review and Action Items

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- Create and distribute MPC minutes.
- Update draft scenario based on comments.
- Refine exercise objectives, assumptions, and constraints.
- Finalize ExPlan for distribution at FPC.
- Complete draft Controller and Evaluator (C/E) Handbook for review at FPC.
- Incorporate Exercise Planning Team observations and suggestions for improvement.



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# Questions

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# MID-TERM PLANNING CONFERENCE AGENDA

[Date]

**I. Welcome and Introductions**

**II. IPC Review**

**III. Objectives**

- Key Decision / Actions

**IV. Exercise Design**

- Exercise Scenario
- Documentation

**V. Exercise Evaluation**

- Functional Areas
- Evaluators
- Exercise Evaluation Guides

**VI. Venue Site and Logistics**

**VII. Participants**

**VIII. Timelines**

**IX. Review / Action Items**

**X. Questions**

## **FINAL PLANNING CONFERENCE (FPC) AGENDA**

[Date]

- I. Welcome and Introductions**
- II. Review of Midterm Planning Conference (MPC) Minutes**
- III. Objectives Review**
- IV. Exercise Document Review**
- V. Exercise Logistics**
- VI. Exercise Evaluation**
- VII. Exercise Participants**
- VIII. Review and Action Items**
- IX. Questions**



## FINAL PLANNING CONFERENCE (FPC) SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

## FINAL PLANNING CONFERENCE (FPC) MINUTES

[Meeting Date]

**Date and Location.** The [Exercise Name] Final Planning Conference (FPC) was held on [Date], at the [Venue] in [City], [State]. Attendees included representatives from:

- [List Participating Agencies and Organizations]

**Purpose.** The purpose of this meeting was to finalize draft documentation and information with the Exercise Planning Team. These minutes provide an overview of the conference, including agreements made among exercise planners.

### Overview of Activities

The Exercise Plan (ExPlan) and exercise timeline were reviewed and finalized during the conference. The following items were confirmed or issues resolved:

- [List Resolved Issues]

The Controller and Evaluator (C/E) Handbook was reviewed and finalized during the conference. The following items were confirmed or issues resolved:

- Badges and hats for participants will be color coded consistently with each another.
- The Master Scenario Events List (MSEL) package was reviewed and finalized.
- The MSEL sequence of events was finalized.
- Controller and evaluator names and phone numbers for the Communications Plan will be finalized in the upcoming week.

### Action Items

The following items will be accomplished before the exercise:

- Finalize and provide the following documents to the design team by [Date] to ensure that requested changes have been made to the following:
  - ExPlan
  - C/E Handbook
  - MSEL
- Print and ship the ExPlan, C/E Handbook, MSEL, and Participant Feedback Forms.
- Prepare preexercise controller and evaluator briefings.

### Points of Contact (POCs)

[Exercise Name] Exercise Manager:

[Contact Information]

## Homeland Security Exercise and Evaluation Program (HSEEP)

### Final Planning Conference (FPC) Minutes

[Full Exercise Name]

[Exercise Name Continued]

#### Lead Exercise Planner:

[Contact Information]

#### Attendee List

Name	Organization	Phone Number	E-Mail

# Final Planning Conference (FPC)

[Exercise Name]

[Date]



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# Welcome and Introductions

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# Meeting Agenda

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- Review Exercise Scope, Purpose, and Objectives
- Review Scenario and Master Scenario Events List (MSEL) timeline
- Review Participating Agencies
- Exercise Control and Simulation
- Exercise Evaluation
- Exercise Documents
- Exercise Logistics
- Meeting Dates
- Closing



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# Operational Security

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- This briefing contains exercise and operational material that must be safeguarded.
- The materials in this briefing are categorized as [protective marking]. [Insert explanation of protective marking type.]



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# Exercise Scope

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- [Insert description of exercise scope.]



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# Exercise Purpose

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- [Insert exercise purpose statement.]



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# Target Capabilities

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- [List target capabilities.]



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# Exercise Objectives

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- [List exercise objectives.]



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# Exercise Scenario

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- [Describe the operations-based exercise scenario or list its characteristics.]



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# Master Scenario Events List (MSEL) Timeline

---

- Ensures events are observed and injects are sent at the proper time so data concerning performance can be obtained and controllers can manage exercise flow.
  - Number
  - Delivery time/scenario time
  - Responsible controller
  - Intended player
  - Delivery method
  - Event synopsis
  - Message/description
  - Expected player action
  - Objective to be demonstrated



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# Participating Agencies

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- [List participating agencies.]



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# Exercise Staffing

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- Select controllers [including Simulation Cell (SimCell) controllers, if applicable]
- Select evaluators
- Select support staff
  - Real-world emergency medical services (EMS) unit
  - Security
  - Registration support
- Select actors
  - Number/source
  - Waiver
  - Tracking



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# Exercise Control

---

- Exercise director: [Name]
- Safety controller: [Name]
- Senior controller: [Name]
- Functional area controllers
- SimCell controllers
- Simulators/subject matter experts (SMEs)
- SimCell location: [Location]



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# Exercise Evaluation

---

- Lead evaluator: [Name]
- Evaluators
- Evaluator training requirements
- Evaluation components
  - Objectives
  - Exercise Evaluation Guides (EEGs)/evaluation criteria
  - Participant Feedback Form
  - Player Hot Wash
  - Controller and Evaluator Debriefing
  - Evaluator reports



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# Exercise Documents

---

- Exercise Plan (ExPlan)
- Controller and Evaluator (C/E) Handbook
- Master Scenario Events List (MSEL)
- EEGs
- [Optional: VIP/Observer Management Plan]
- [Optional: Media Management Plan]



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# Weapons Policy

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- Personnel serving as exercise participants will NOT carry a loaded weapon within the confines of the exercise play area.
- Authorized individuals may carry their weapon only after:
  - It has been properly cleared and rendered safe (i.e., no ammunition in chamber, cylinder, breach, or magazines)
  - The weapon has been marked or identified in a conspicuous manner (i.e., bright tape visible around the stock or holster)
- Personnel providing exercise site security may carry loaded weapons.



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# Exercise Logistics

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- Provide food and water
- Provide restrooms
- Provide videotaping and photography
- Determine funding
- [Acquire and apply moulage]



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# Exercise Logistics (cont'd)

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- Determine briefing locations
  - Controller and Evaluator Briefing
  - Actor Briefing
  - Player Briefing
  - Observer/Media Briefing
  - Controller and Evaluator Debriefing



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# Exercise Logistics (cont'd)

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- Identify and coordinate any exercise locations
  - Field site
  - Emergency Operations Centers (EOCs)
  - Hospitals
  - Other play locations
  - Exercise assembly area(s)
  - Registration
  - Observer/VIP area
  - Media area
  - SimCell
  - Briefing areas
  - Parking



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# Meeting Dates

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- Controller and Evaluator Briefing: [Date]
- Exercise Conduct: [Date]
- Controller and Evaluator Debriefing: [Date]
- After Action Conference: [Date]



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# Remaining Tasks

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- Finalize and provide the following documents to the design team by [Date] to ensure that requested changes have been made to the following:
  - ExPlan
  - C/E Handbook
  - MSEL
- Print and ship the ExPlan, C/E Handbook, MSEL, and Participant Feedback Forms.
- Prepare preexercise controller and evaluator briefings.



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# Questions

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# Closing

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## EXTENT OF PLAY AGREEMENT

### Purpose

This extent of play agreement establishes:

- Political subdivisions and/or agencies agreeing to participate in [exercise name]
- Acknowledgement that the primary source of funding for conduct of the exercise will be [insert funding source]
- Conditions that will be used to develop, conduct, control, and evaluate [exercise name], as agreed to by the participating jurisdictions

### Exercise Participants

This agreement is between the [sponsoring organization name] and the participating organizations as follows:

- [List participating organizations; if known, list an agency point of contact (POC) with phone number and e-mail address]

All personnel participating in [exercise name] will play consistently and realistically with the exercise objectives and scenario. Participants in the exercise will include those who have direction and control responsibilities demonstrating [objective functional areas].

All organizations that have direction and control responsibilities in the event of a [scenario] incident will play in the [Emergency Operations Center (EOC)/Joint Information Center (JIC)] as consistent with the exercise objectives and scenario. A field response will also be demonstrated. This will include demonstration of [insert issues that will be demonstrated, if known].

### Exercise Support

#### Design and Development

Personnel who are designated to be part of the Exercise Planning Team will participate in all planning meetings and other activities as appropriate to ensure the successful design, development, conduct, and evaluation of [exercise name].

The planning meetings are scheduled as follows:

- [List planning conference dates, times, and locations.]

#### Expected Level of Conduct Participation

The following table outlines the expected level of conduct participation by each organization, as it is known at the time this document is finalized.

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

## Extent of Play Agreement

[Exercise Name Continued]

Projected Level of Conduct Participation		
Name of Organization	Expected Participation	Remarks
[Example: Fairfax County]	[Example: Location; number of units or assets]	[Example: JIC manned for 2 hours only]
[Example: Fairfax County Emergency Medical Services (EMS)]	[Example: Fairfax Middle School, 1 Basic Life Support]	[Example: For real-world emergencies]

## Standards and References

Exercise play by [organizations] will be based on the following documentation (in the editions that are current as of the signing of this agreement):

- [List any memorandums of understanding (MOUs)/memorandums of agreement (MOAs), plans, or other documents that will be used to evaluate exercise play for this exercise.]

## Exercise Parameters

The effects of the scenario will be within a range to achieve the objectives for each jurisdiction and will be consistent with responders demonstrating their capabilities at the exercise play locations.

The following capabilities will be exercised:

- [Insert capabilities to be exercised (e.g., medical surge, isolation and quarantine).]

The following objectives will be evaluated:

- [Insert objectives.]

Exercise play will begin at a predetermined time on [exercise date], and will continue uninterrupted for a minimum of [duration] or until objectives are addressed [or real-world activities require termination of some or all activities]. Exercise control will be advised should termination of play be made earlier than agreed. Some participants [e.g., intelligence activities] may play beyond [duration] designated for the entire exercise.

[Insert statement of expected media participation and rules.] [Example: Joint facilities and functions that involve multiple organizations (e.g., activation and operation of a JIC, the functions of the Federal onscene coordinator and Regional Response Team [RRT], and activation and operation of a Federal Response Center [FRC]) will be demonstrated consistently with the exercise objectives, this agreement, and the scenario. For this exercise, a JIC will be activated and operated jointly by those organizations that are identified in existing plans.]

## Simulations and Considerations

[Insert a description of play that will be simulated and special considerations that will be necessary as part of this agreement. This section may include expectations of responders (e.g., limitations on interactions with actors and victims) and descriptions of exercise enhancements (e.g., simulated ammunition rounds)]

## Command and Control

[Describe the projected control concept.]

## Exercise Cancellation

Should real-world circumstances force cancellation of the scheduled exercise, no other exercise activities will take place without the approval of the [exercise approving authority]. Cancellation notifications will be distributed to all participating organizations in writing.

## Exercise Funding

The participating organizations acknowledge that funding for [exercise name] provided through the [insert funding source] will be expended in accordance with appropriate guidance, as modified by Federal, State, tribal, or local government policies, practices, or procedures.

## After Action Report (AAR) and Improvement Planning

The draft After Action Report (AAR) will be distributed by [date] via [method (e.g., e-mail)] to the participating organizations. Each participating organization will designate and provide a representative(s) as appropriate to present, discuss, and refine the draft AAR at the After Action Conference. Once the AAR has been finalized and corrective actions have been identified, the organization's representatives will identify a person who is responsible for the corrective action and the timeframe for implementation. [The lead evaluator will post the finalized AAR/Improvement Plan (IP) into the Corrective Action Program (CAP) System. From that point forward, it will be each organization's responsibility to update its respective corrective actions on the CAP System.]

## Homeland Security Exercise and Evaluation Program (HSEEP)

### Signatures

The following participating organizations agree to support the [exercise name] as described herein. By signing this agreement, the representative of the named organization acknowledges the need for and is authorized to obligate agency resources to ensure successful participation in [exercise name].

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Organization

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Organization

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Organization

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Organization

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Organization

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Organization

Reviewed and approved by:

---

[Approving Authority]

---

Date



The participants selected to play in the exercise should be based on the scope and type (e.g., drill, functional, full-scale) of exercise as well as the scenario. This list is not all inclusive.

### **Local**

#### *Law Enforcement*

- Bomb squad/special operations
- Federal Bureau of Investigation (FBI) field office
- Mutual aid
- Police department (e.g., patrol, investigations, evidence team)
- Sheriff's office
- Special Weapons and Tactics (SWAT)

#### *Fire/Hazardous Materials (HazMat)*

- Command and line staff
- Fire department
- HazMat team
- Mutual aid

#### *Emergency Medical Services (EMS)*

- Private
- Public

#### *Medical*

- Coroner or medical examiner
- Hospital administrators
- Hospital emergency department staff
- Poison control

#### *Communications/Dispatch*

- 9-1-1
- Dispatch

#### *Emergency Management*

- Emergency management
- Emergency Operations Center (EOC) staff
- Homeland security
- Public affairs (e.g., Public Information Officer [PIO])

#### *Public Health*

- Administrator/manager for epidemiological labs (private)
- Administrator/manager for epidemiology
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Centers for Disease Control and Prevention (CDC)
- Communicable diseases (epidemiologists/physicians)



FEMA

## Recommended Participating Agency List Operations-Based Exercises

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- Director of public health
- Health and human services (commissioned and noncommissioned)
- Hospital administration and emergency departments
- Infectious disease/pathology section representative
- Laboratory managers
- Medical examiner or coroner
- Public health service
- Poison control and toxicology
- U.S. Army Medical Research Institute for Infectious Diseases (USAMRIID)

### *Agricultural*

- Area Veterinarian in Charge (AVIC)
- Board of Animal Health representative
- Foreign Animal Disease Diagnostician (FADD)
- State Veterinarian
- Veterinary diagnostic laboratory
- Veterinary Medical Assistance Team (VMAT)
- Veterinary reserve corps
- Veterinary services laboratory
- U.S. Department of Agriculture (USDA)
- U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS)

### *Other*

- Amateur radio
- Elected/appointed officials and delegates
- Environmental quality/control
- Exercise venue/facility staff
- Private sector
- Public works
- Transit authority
- Volunteer organizations (e.g., American Red Cross, The Salvation Army)

### **State**

- Agricultural/veterinary
- Emergency management
- Environmental quality/protection
- Law enforcement
- National Guard/Civil Support Team (CST)
- Port authority
- Public health department
- Public utilities and engineering
- Transportation





FEMA

## Recommended Participating Agency List Operations-Based Exercises

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### Federal

- Centers for Disease Control and Prevention (CDC)
- Disaster Medical Assistance Team (DMAT)
- Disaster Mortuary Operational Response Team (DMORT)
- Federal Bureau of Investigation (FBI)
- Federal Emergency Management Agency (FEMA)
- Strategic National Stockpile (SNS)
- U.S. Coast Guard (USCG)
- U.S. Department of Agriculture
- U.S. Department of Defense (DoD)
- U.S. Department of Health and Human Services (HHS)
- U.S. Environmental Protection Agency (EPA)



## HSEEP Exercise Guidance Sample Objectives Operations-Based Exercise

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The following are example objectives for an operations-based exercise. Planning team members should limit the number of objectives to **four** or **five**. These objectives may be combined or modified as needed; the objectives listed here do not constitute an all-inclusive list. The selected objectives should be based on the exercise scope, type (i.e., drill, functional exercise, full-scale exercise), scenario, and/or subject. For example, a drill with a scenario involving an explosive device should include objectives that focus on law enforcement and bomb squad issues.

1. Evaluate the capability to implement the Incident Command System (ICS) in response to a terrorist incident and effectively transition to a Unified Command.
2. Exercise the local coordination and integration of internal and external response resources by the local ICS.
3. Assess the ability to establish and maintain multiagency and multijurisdictional communications in response to a terrorist incident.
4. Examine the ability of local response agencies to implement victim, personnel, equipment, and facility decontamination in a mass-casualty incident.
5. Assess the capability of response personnel to detect, identify, monitor, and respond to the effects of a hazard/agent.
6. Examine the ability to provide effective prehospital emergency medical care in response to a terrorist incident. Assess the ability to conduct triage, treatment, and transport operations.
7. Assess ways to reduce the conflicting requirements for protection of a crime scene and evidence collection with the need to perform victim rescue operations.
8. Exercise the ability to activate, staff, and operate the local Emergency Operations Center (EOC).
9. Assess the adequacy of local plans for the flow of public information and the interface with, and use of, media resources.
10. Assess the ability of local medical facilities to respond to the effects of a terrorist incident. Implement decontamination, treatment, and patient-tracking procedures for both transported and self-referred patients.



## HSEEP Exercise Design Guidance Biological Scenario Factors: Operations-Based Exercises

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These variables will assist the planning team in building an exercise scenario involving a biological agent. The following factors should be determined in sequential order when developing the scenario:

1. **Transmissibility.** Planning team members should determine if the agent will be contagious (e.g., smallpox) or noncontagious (e.g., anthrax).
2. **Lethality.** The lethality of the agent will help determine the number of casualties in the scenario. This determination should be based on the jurisdiction's capabilities to respond to a mass casualty situation. Planners should be careful not to overwhelm participants during the exercise.
3. **Effects.** The selection of the agent should also be based on its effects or symptomology.
4. **Venue.** The selection of the venue should depend on the agent identified. The extent of the scenario will be affected by the type of venue and its location. To ensure that participants are not overwhelmed, if a contagious agent is selected, consider placing the source of contamination in an area that does not attract a lot of people.



## HSEEP Exercise Design Guidance Chemical Scenario Factors: Operations-Based Exercises

These variables will assist the planning team in building an exercise scenario that involves a chemical agent. The following factors should be determined in sequential order when developing the scenario:

- 1. Persistent or Nonpersistent Agent.** Persistent agents tend to remain in the environment where they were released for an extended period of time. Agents classified as nonpersistent lose effectiveness after only a few minutes or hours (depending on subsequently listed factors). An example of a persistent agent is lewisite; an example of a nonpersistent agent is sarin. The agent selected for an exercise may be based on the venue identified and the capabilities of the jurisdiction to respond to the agent's characteristics (e.g., lethality, symptomology).
- 2. Open Air or Enclosed Venue.** An open-air venue is outside (e.g., a stadium or park). An enclosed venue has limited space (e.g., an arena or exhibit hall). When selecting the agent involved in the exercise scenario, the type of venue should be considered. For example, if the agent selected is nonpersistent, the venue should not be open air due to the agent's dissipating characteristics.
- 3. Single or Multiple and/or Secondary Device(s).** This is the number of devices involved in the scenario. The planning team will need to determine the method of dissemination for the agent, type of devices (explosive or nonexplosive), and number of devices that will initiate the event. Consideration should also be given to including a secondary device that would target first responders in the scenario.
- 4. No Notice or Credible Threat Warning.** The planning team should determine if there will be a warning phase during the exercise that presents participants with credible threat information that the potential for an attack is heightened (e.g., homeland security advisory system, intelligence gathering) or if the attack occurs without any such warning.
- 5. Casualties.** Based on the lethality of the agent, the type of venue (or simulated location), and the number of devices, the planning team should determine approximately how many casualties should be affected in the exercise scenario. This number should also be based on the jurisdiction's capabilities to respond to a mass casualty situation. Planners should be careful not to overwhelm participants during the exercise.

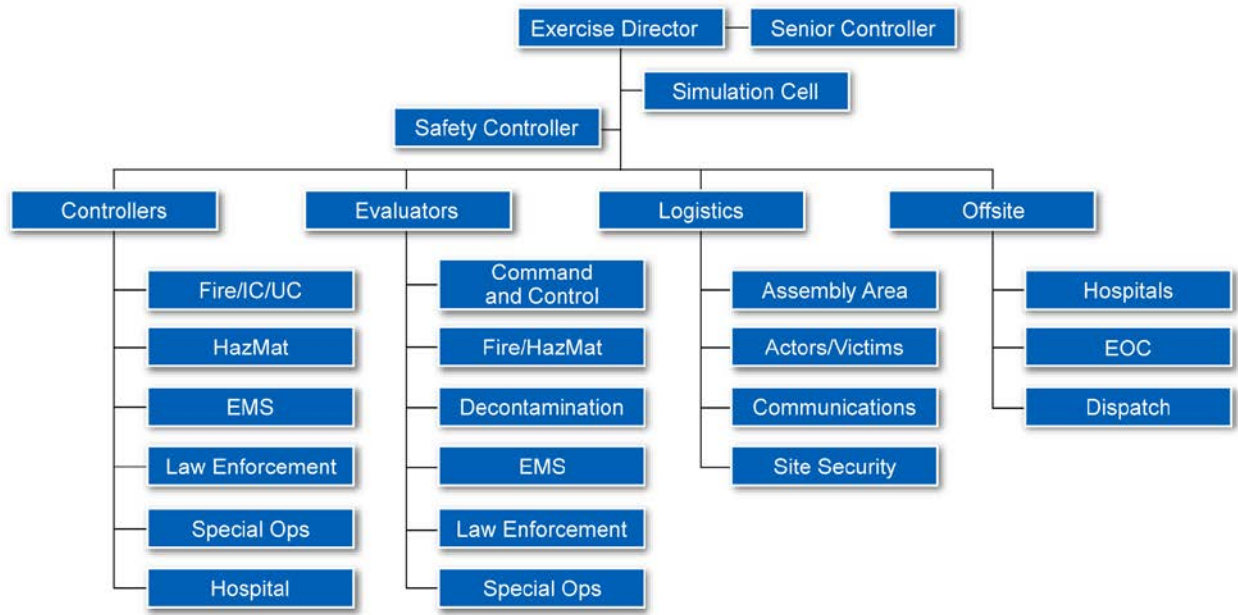
Agent	Venue	Devices	Warning	Casualties
Nonpersistent	Open air	Single	No notice	+500
		Multiple	Credible threat	<1,000
Persistent	Enclosed	Secondary		<5,000
				>5,000

## CONTROLLER INFORMATION AND GUIDANCE

## Exercise Controller Organization

Controllers, evaluators, and personnel essential to the exercise are collectively referred to as the exercise staff organization. The exercise staff organization, current at the publication of this document, is shown in **Figure 1**. Control of the exercise will be established through an exercise controller organization. This organization will control all exercise activities at all exercise locations.

### Figure 1. Sample Exercise Staff Organization



## Exercise Control

## Exercise Start, Suspension, and Termination Instructions

The [Exercise Name] will be conducted on [Date], beginning at [Time]. Exercise play is scheduled for [Exercise Duration] or until the Exercise Director and Senior Controller determine that the exercise objectives have been met at each venue. The Exercise Director will announce the start of the exercise. The Exercise Director will announce exercise suspension or termination and will instruct participants to stop in place safely.

If an actual emergency occurs, the exercise may be suspended or terminated at the discretion of the Exercise Director, depending on the nature of the incident. The designated phrase in case of a medical emergency is **“real-world emergency.”** The Exercise Director will announce resumption of the exercise.

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Document Name]

[Full Exercise Name]

[Exercise Name Continued]

**Controller Responsibilities**

**Table 1** details specific controller responsibilities.

**Table 1. Controller Responsibilities**

<b>Controller Responsibilities</b>	
<b>Exercise Director</b>	
<ul style="list-style-type: none"> <li>Oversees all exercise functions</li> <li>Oversees and remains in contact with controllers and evaluators</li> <li>Debriefs controllers and evaluators after the exercise</li> <li>Oversees setup and cleanup of exercise and positioning of controllers and evaluators</li> <li>Serves as safety officer for his or her site</li> </ul>	
<b>Venue/Facility Security (Venue Supervisor)</b>	
<ul style="list-style-type: none"> <li>Establishes and maintains security at exercise venue</li> <li>Oversees the site security detail</li> <li>Enforces site access procedures</li> <li>Serves as safety officer for his or her site</li> </ul>	
<b>Public Information Officer (PIO)</b>	
<ul style="list-style-type: none"> <li>Provides escort for observers</li> <li>Provides narration and explanation during exercise events, as needed</li> <li>Performs preexercise and postexercise public affairs duties</li> <li>May act as media briefer and escort at exercise site</li> <li>Serves as safety officer for his or her site</li> </ul>	
<b>Venue Controller</b>	
<ul style="list-style-type: none"> <li>Issues exercise materials to players</li> <li>Monitors exercise timeline</li> <li>Provides input to players (i.e., injects) as described in Master Scenario Events List (MSEL)</li> <li>Serves as safety officer for his or her site</li> </ul>	
<b>Simulation Cell (SimCell) Controller</b>	
<ul style="list-style-type: none"> <li>Issues exercise materials to players</li> <li>Monitors exercise timeline</li> <li>Provides input to players (i.e., injects) as described in MSEL</li> </ul>	

For specific controller assignments, please see [Appendix C].

**Controller Package**

Controllers and evaluators will receive their exercise materials at the Controller and Evaluator Briefing. The controller package will consist of the Exercise Plan (ExPlan), Controller and Evaluator (C/E) Handbook, activity logs, badges, and other exercise tools (e.g., Master Scenario Events List [MSEL]) as necessary. Controllers may reorganize the material so information that is critical to their specific assignment is readily accessible. Controllers must bring their packages to

the exercise. Controllers may also bring additional professional materials specific to their assigned exercise activities.

## Incident Simulation

Because the exercise is of limited duration and scope, the physical description of what would fully occur at the incident site and surrounding areas will be relayed to the players by controllers. Controllers will “paint the picture” for players—verbally or with limited written materials—regarding what is happening in and around the incident scene.

## Scenario Tools

The MSEL outlines benchmarks and injects that drive exercise play and provide realistic input to exercise players. It provides information that is expected to emanate from simulated organizations (e.g., nonparticipating organizations, agencies, and individuals that usually would respond to a situation). The MSEL consists of the following two parts:

- **Timeline.** This is a list of key exercise events, including scheduled injects and expected player actions. The timeline is used to track exercise events relative to desired response activities.
- **Injects.** An individual event inject is a detailed description of each exercise event. The inject includes the following pieces of information: inject time, intended recipient, responsible controller, inject type, a detailed description of the event, and the expected player action.

## Communications Plan

**All spoken and written communication will start and end with the statement “THIS IS AN EXERCISE.”**

### Controller Communications

The principal method of communication for controllers during the exercise will be [Means of communication, i.e. radio (channels), telephone]. A list of key telephone and fax numbers and radio call signs will be available in a Communications Directory before the exercise starts. Controller communications will link control personnel at all play areas and will remain separate from player communications. In no case will controller communications interfere with or override player communications.

### Player Communications

Players will use routine, in-place agency communication systems. Additional communication assets may be made available as the exercise progresses. The need to maintain a capability for a real-world response may preclude the use of certain communication channels or systems that usually would be available for an actual emergency. In no instance will exercise communications interfere with real-world emergency communications. Each venue will coordinate its own internal communication networks and channels.

## Controller Instructions

### Before the Exercise

- Review appropriate emergency plans, procedures, and protocols.
- Review appropriate exercise package materials, including the objectives, scenario, injects or implementers, safety and security plans, and evaluator instructions.
- Attend required briefings.
- Review the exercise objectives and controller package for your area of responsibility.
- Report to the exercise check-in location at the time designated in the exercise schedule, meet with the exercise staff, and present the Player Briefing.
- Be at the appropriate location at least 15 minutes before the exercise starts. If you are not assigned to a specific site, be in place to meet participants at least 15 minutes before the exercise starts.
- Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other controllers and the Exercise Director.

### During the Exercise

- Wear controller identification items (e.g., [hats and badges]). Controller [hats and badges] will be issued at the Controller and Evaluator Briefing on [Date].
- Avoid personal conversations with exercise players.
- If you have been given injects, deliver them to appropriate players at the time indicated in the MSEL (or as directed by the Exercise Director). **Note:** If the information depends on some action to be taken by the player, do not deliver the inject until the player has earned the information by successfully accomplishing the required action.
- When you deliver an inject, notify the Exercise Director and note the time you delivered the inject and player actions.
- Receive and record exercise information from players that would be directed to nonparticipating organizations.
- Record all significant events you observe.
- Observe and record exercise artificialities that interfere with exercise realism. If an exercise artificiality interferes with exercise play, report it to the Exercise Director.
- Begin and end all exercise communications with the statement **“This is an exercise.”** This precaution is taken so that anyone who overhears the conversation will not inadvertently mistake exercise play for an actual emergency.
- Do not prompt players regarding what a specific response should be, unless an inject directs you to do so. Clarify information as long as doing so does not provide coaching.



## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

[Document Name]

[Exercise Name Continued]

- Ensure that all observers and media personnel stay out of the exercise activity area. If you need assistance, notify the Exercise Director.
- Do not give information to players about scenario event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.
- The Exercise Director will notify you when the exercise has been suspended or terminated. The exercise will be terminated when the Exercise Director determines that all exercise objectives have been met or enough time has elapsed for exercise objectives to have been demonstrated.

### After the Exercise

- Distribute copies of Participant Feedback Forms and pertinent documentation. After participants have completed these forms, collect the forms and give them to the Exercise Director. Coordinate this task with the evaluator in your area.
- All controllers are expected to conduct a Hot Wash at their venue and, in coordination with the venue evaluator, take notes on findings identified by exercise players. Before the Hot Wash, do not discuss specific issues or problems with exercise players. At exercise termination, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Exercise Director.

## Assessment, Review, and Analysis of Exercise

### Hot Wash

Immediately after completion of exercise play, controllers will facilitate a Hot Wash with players from their assigned location. This meeting is primarily geared toward participants and their supervisors. The Hot Wash is an opportunity for players to express their opinions about the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can seek clarification regarding certain actions and what prompted players to take them. All participants may attend; observers are not encouraged to attend this meeting. The Hot Wash should not last more than 30 minutes. Evaluators should take notes during the Hot Wash and include these observations in their analysis.

### Controller and Evaluator Debriefing

Controllers, evaluators, and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing on [Date] at [Location]. During this debriefing, these individuals will discuss their exercise observations in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete their Exercise Evaluation Guides (EEGs) for submission to the Lead Evaluator and begin the analysis process outlining the issues to be included in the After Action Report (AAR).

## Evaluations

All evaluations are preliminary and may be revised on the basis of information from other controllers, evaluators, or players. If a controller or evaluator did not observe specific aspects of an organization's performance, exercise players may be asked to comment. The evaluation should indicate that this information was provided by players.

## Participant Feedback Forms

Participant Feedback Forms will be used to document participant information about the exercise. The controller will distribute these forms during the Hot Wash. The forms will be collected afterward, along with attendance or participation rosters. Controllers should emphasize to players that these forms provide the opportunity for them to comment candidly on emergency response activities and exercise effectiveness.

## After Action Conference

The After Action Conference is a forum for jurisdiction officials to hear the results of the evaluation analysis, validate findings and recommendations in the draft AAR, and begin development of the Improvement Plan (IP). The After Action Conference will be held at [Location] on [Date], beginning at [Time].

## Exercise Report

An exercise AAR/IP will be prepared to document the evaluation of overall exercise performance. The AAR/IP will include the exercise schedule, scenario, players' activities, evaluations, issues, opportunities, and best practices. The AAR also will contain the following:

- A brief summary, with introductory and general statements noting the exercise scope, purpose, objectives, players, and overall performance assessment
- Assessments for each capability observed
- Issues and recommendations suggested by controller, evaluator, and player comments

A draft AAR will be provided to participating organizations for comment before the After Action Conference is held.

## EVALUATOR INFORMATION AND GUIDANCE

### General Information

The goal of exercise evaluation is to validate strengths and identify improvement opportunities for the participating organization(s). In [Exercise Name], evaluation will attempt to validate plans, procedures, and protocols of [Jurisdiction] and participating agencies and determine their level of capability with regard to the exercised target capabilities. Validation attempts to answer the following questions:

- Were established plans, procedures, and protocols followed during the exercise?
- Did the agencies do what they said they were going to do?
- Were the plans, procedures, and protocols effective?
- What level of capability do the plans, policies, and procedures establish?

This validation is accomplished by the following means:

- Observing the event and collecting supporting data
- Analyzing the data to compare performance against expected outcomes
- Determining what changes need to be made to procedures, plans, staffing, equipment, communications, organizations, and interagency coordination to ensure expected outcomes

The evaluation results will provide an opportunity to identify ways to build on strengths and improve capabilities. Because jurisdictions are testing new and emerging plans, skills, resources, and relationships in response to a changed homeland security environment, every exercise or event can be expected to result in multiple findings and recommendations for improvement.

### Exercise Evaluation

The [Exercise Name] uses Exercise Evaluation Guides (EEGs) formulated by the U.S. Department of Homeland Security (DHS) and evaluation methodologies established in the Homeland Security Exercise and Evaluation Program (HSEEP) as the guide for conducting all exercise evaluation. The After Action Report (AAR)/Improvement Plan (IP) will be formatted so that it conforms to current DHS guidance.

### After Action Report/Improvement Plan (AAR/IP)

The AAR/IP will be organized by capability, with a section of the AAR/IP devoted to each of the exercised capabilities. For each capability and subordinate activity, the Lead Evaluator will provide an assessment of how well the executing agency or personnel performed, including best practices and areas for improvement. Specific issues and observations will be identified for each capability and activity, and recommendations for resolving issues will be provided, based on input from controllers, evaluators, and exercise planners.

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Evaluation Plan  
(EvalPlan)**

**[Full Exercise Name]  
[Exercise Name Continued]**

Finally, the Lead Evaluator will assign a performance rating for each capability (or activity) on the basis of standard criteria. These ratings represent various degrees of capability. Definitions of performance ratings for each capability or activity will be provided.

### Exercise Evaluation Guides (EEGs)

The content for the AAR/IP will be drawn from the EEGs. Each evaluator will be provided with an EEG that will give specific guidance regarding what data to collect during the exercise, how to record it, and how to analyze it before submission to the Lead Evaluator. The Lead Evaluator and Senior Controller will compile all evaluator submissions into the first working draft of the AAR/IP.

Each EEG provides a list of subordinate activities and tasks that players are expected to perform during the exercise to demonstrate the specified capability. These tasks, which are drawn primarily from the Universal Task List (UTL) and the Target Capabilities List (TCL), will be divided into critical tasks (tasks that are required to demonstrate the capability) and supporting tasks (tasks that enhance performance but are not required). Evaluators' observations regarding the level of performance of these tasks will inform the performance ratings assigned by the Lead Evaluator in the AAR/IP.

### Evaluator Responsibilities

Player performance must be observed and analyzed against plans, policies, procedures, and practices, using criteria established before the exercise. Evaluators document player performance by using EEGs and information obtained during the Hot Wash. The evaluations, documentation, Hot Wash, and debriefing discussions provide important information that substantiates exercise conduct and performance. The AAR/IP will summarize the overall results of the exercise and provide a comprehensive assessment of capabilities and plans that were demonstrated. Specific evaluator activities include the following.

#### Before the Exercise

- Review appropriate plans, procedures, and protocols.
- Attend required evaluator training and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility.
- Report to the exercise check-in location at the time designated in the exercise schedule, and meet with the exercise staff.
- Be at the appropriate location at least 15 minutes before the exercise starts. If you are not assigned to a specific site, be in place to deploy as necessary at least 15 minutes before the exercise starts.
- Obtain or locate necessary communications equipment, and test it to ensure that you can communicate with other evaluators and the Exercise Director.

## Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)[Full Exercise Name]  
[Exercise Name Continued]**During the Exercise**

- Wear evaluator identification items (e.g., badges). Evaluator badges [and any additional identification items] will be issued at the Controller and Evaluator Briefing on [Date].
- Avoid personal conversations with exercise players.
- Do not prompt players with specific responses or interfere with player performance in any way.
- Your primary duty is to document player performance. After the exercise, that information will be used to determine whether the exercised capabilities and plans were effectively implemented or demonstrated and to identify strengths and improvement items.

**After the Exercise**

- Participate in the Hot Wash, and take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.

**Documenting the Event**

Evaluators must keep accurate records and notes because these records will form the basis for evaluation of player performance. Evaluation is valuable because it provides constructive feedback (positive and negative) to improve the effectiveness of an organization's response to emergencies. Accurate and detailed documentation is critical to facilitate a full record of all the events in an exercise and to understand player actions.

Evaluators will document the exercise by using the appropriate EEGs for actions in their area. The EEGs are provided separately as part of the evaluator package. Evaluators should document key activities and those activities that require a timely response for later evaluation.

Evaluators should review their forms and notes immediately after the exercise to ensure an accurate reconstruction of events and activities for discussion at the Controller and Evaluator Debriefing. Evaluation materials, including notes and forms, become part of the exercise documentation. Checklists and evaluation forms must be completed as thoroughly and accurately as possible.

**Evaluator Package**

Evaluators will receive their materials for review at the Controller and Evaluator Briefing. The evaluator package contains the Controller and Evaluator (C/E) Handbook, Exercise Plan (ExPlan), EEGs, and other items as necessary. Evaluators should bring the package to the exercise. They may reorganize the material so information that is critical to their specific assignment is readily accessible. Evaluators may bring additional professional materials specific to their assigned activities.

## Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)[Full Exercise Name]  
[Exercise Name Continued]**Controller and Evaluator Briefing**

This briefing will assist in preparing evaluators for performance of their functions and will include a detailed review of event activities. This briefing is the time for evaluators to ask questions and ensure that they completely understand their roles and responsibilities. Evaluator questions should be addressed and information clarified so that controllers and evaluators feel confident that they can perform their assignments effectively.

**Evaluator Instructions and Guidelines****General**

Evaluators should avoid personal conversations with players. Evaluators should not give information to players about event progress or other participants' methods of problem resolution. Players are expected to obtain information through their own resources.

**Evaluation Basics**

Remember, your experience and expertise are your most important tools. Experienced evaluators use the following techniques for effective evaluation:

- Use EEGs to confirm that evaluation objectives are met.
- Take detailed notes concerning significant activities observed, including the time they were initiated or completed.
- When more than one evaluator is assigned to an area, divide responsibilities to ensure detailed evaluation of player activities.
- Stay in proximity to player decisionmakers.
- Focus on critical tasks, as specified in the EEGs.

**Recording Important Events**

Although numerous events may occur simultaneously, evaluators do not need to record all the action. Knowing which events are important helps evaluators eliminate superfluous data and provide the kind of information that is most useful for evaluation. Important events that evaluators should record include the following:

- Initiating scenario events
- Actions of players in relation to the event
- Key decisions made by managers and the times these decisions are made
- Deviations from plans and implementation procedures
- Times when significant actions are completed
- Equipment used

## Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)[Full Exercise Name]  
[Exercise Name Continued]**What to Look For**

Individuals preparing the exercise report will analyze the results provided by all evaluators to achieve an integrated evaluation of exercised plans and capabilities. Their analysis will focus on the timing of key events, decisions made, and actions taken. To assist in that analysis, you should focus on the following areas:

- Timeliness in actions
- Communication among players and organizations
- Direction and coordination of field activities
- Monitoring and assessing events
- Command and control
- Creative player problem-solving, potentially beyond current plans and implementation procedures
- Plans or procedures that affect player efforts
- Equipment issues in relation to player efforts

**Placement and Monitoring**

Evaluators should be located so they can observe player actions and hear conversations without interfering with those activities. In certain conditions, more than one evaluator may be needed in a particular setting or area.

For specific evaluator assignments, please see [Appendix C].

For exercise site maps highlighting key locations, please see [Appendix B].

**Postexercise Activities**

The Lead Evaluator will notify you when evaluation of the event has been suspended or terminated. The evaluation will be terminated when the Exercise Director determines that all exercise objectives have been met or enough time has elapsed for exercise objectives to have been demonstrated.

All evaluators are expected to participate in a Hot Wash and take notes on findings identified by players. Before the Hot Wash, evaluators should not discuss specific issues or problems with participants. After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the Lead Evaluator.

**Assessment, Review, and Analysis of Exercise****Hot Wash**

Immediately after completion of exercise play, controllers will facilitate a Hot Wash with players from their assigned location. This meeting is geared primarily toward participants and their supervisors. The Hot Wash is an opportunity for players to voice their opinions regarding the exercise and their own performance while the events are still fresh in their minds. At this time, evaluators can seek clarification regarding certain actions and what prompted players to take them. All participants may attend; observers are not encouraged to attend this meeting, however.



## Homeland Security Exercise and Evaluation Program (HSEEP)

**Evaluation Plan  
(EvalPlan)****[Full Exercise Name]  
[Exercise Name Continued]**

The Hot Wash should not last more than 30 minutes. Evaluators should take notes during the Hot Wash and include these observations in their analysis.

**Controller and Evaluator Debriefing**

Controllers, evaluators, and selected exercise participants will attend a facilitated Controller and Evaluator Debriefing on [Date] at [Location]. During this debriefing, these individuals will discuss their exercise observations in an open environment to clarify actions taken during the exercise. Evaluators should take this opportunity to complete their EEGs for submission to the Lead Evaluator and begin the analysis process outlining issues to be included in the AAR.

**Evaluations**

All evaluations are preliminary and may be revised on the basis of information from other controllers, evaluators, or players. If a controller or evaluator did not observe specific aspects of an organization's performance, exercise players may be asked to comment. The evaluation should indicate that this information was provided by players.

**Participant Feedback Forms**

Participant Feedback Forms will be used to document participant information about the exercise. A controller will distribute these forms during the Hot Wash. These forms will be collected afterward, along with attendance or participation rosters. Controllers should emphasize to players that these forms provide them with the opportunity to comment candidly on emergency response activities and exercise effectiveness.

**After Action Conference**

The After Action Conference is a forum for jurisdiction officials to hear the results of the evaluation analysis, validate findings and recommendations in the draft AAR, and begin development of the IP. The After Action Conference will be held at [Location] on [Date], beginning at [Time].

**Exercise Report**

An exercise AAR/IP will be prepared to document the evaluation of overall exercise performance. This AAR/IP will cover the exercise schedule, scenario, players' activities, evaluations, issues, opportunities, and best practices. The AAR also will contain the following:

- A brief summary, with introductory and general statements noting exercise scope, purpose, objectives, players, and an overall performance assessment
- Assessments for each capability observed
- Issues and recommendations suggested by controller, evaluator, and player comments

A draft AAR will be provided to participating organizations for comment before the After Action Conference is held.



## Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)[Full Exercise Name]  
[Exercise Name Continued]**APPENDIX A: EXERCISE SCHEDULE**

Time	Personnel	Activity
[Month Day, Year]		
1300 to 1500	Controllers, evaluators, Exercise Planning Team members	Controller and Evaluator Briefing
[Month Day, Year]		
0800	Selected controllers and exercise staff	Exercise site setup
0830	Controllers and evaluators	Check-in
0900	Participants (players, observers, actors)	Registration
0915	Controllers and evaluators	Communications check
0930	Participants	Participant briefings
0945	All	Report to various locations
1000	All	Exercise starts
1400	All	Exercise ends
Immediately after the exercise	Participants, controllers, evaluators	Hot Wash
[Month Day, Year]		
0900	Controllers, evaluators, Exercise Planning Team members	Controller and Evaluator Debriefing

Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)

[Full Exercise Name]  
[Exercise Name Continued]

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## APPENDIX B: EXERCISE SITE MAPS

### Map Title

[Insert map(s)]

Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)

[Full Exercise Name]  
[Exercise Name Continued]

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## Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)[Full Exercise Name]  
[Exercise Name Continued]**APPENDIX C: CONTROLLER AND EVALUATOR ASSIGNMENTS**

Name	Role	Position
<b>Emergency Operations Center (EOC)</b>		
	Controller	Site controller, site safety officer
	Controller	
	Evaluator	EOC management evaluator
	Evaluator	Communications evaluator
<b>Simulation Cell (SimCell)</b>		
	Controller	Lead SimCell controller, Master Scenario Events List (MSEL) tracker
	Controller	Local law enforcement simulator
	Controller	Jurisdictional fire simulator
	Controller	Emergency medical services (EMS) simulator
	Controller	State simulator
<b>Field Site</b>		
	Controller	Senior Controller, Incident Command controller, site safety officer
	Controller	Assembly Area controller
	Controller	Special weapons and tactics (SWAT) controller
	Controller	Hazardous materials (HazMat) controller
	Controller	Bomb squad controller
	Controller	Victim actor controller
	Controller	Observer/VIP controller
	Evaluator	Weapons of mass destruction (WMD)/HazMat response and decontamination evaluator
	Evaluator	Onsite incident management evaluator
	Evaluator	Communications evaluator
	Evaluator	Public safety and security response

Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)

[Full Exercise Name]  
[Exercise Name Continued]

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## APPENDIX D: WEAPONS POLICY (DELETE IF NOT APPLICABLE)

It is the policy of the U.S. Department of Homeland Security (DHS)/Federal Emergency Management Agency (FEMA) National Preparedness Directorate to ensure that every effort is made to provide a safe and secure environment during National Preparedness Directorate-sponsored exercises for its participants, observers/VIPs, control and evaluation staff members, volunteers, and the general public.

### Weapons

Federal and contractor exercise planners and controllers plan for and promulgate control measures with regard to weapons, whether introduced as a simulated device during exercise play or used by law enforcement officers in their normal scope of duties. For the purpose of this policy, a weapon includes all firearms; knives; less-than-lethal weapons, tools, and devices; and any other object capable of causing bodily harm.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) and who have an assigned exercise role (e.g., responder, tactical team) with the potential for interaction with other exercise participants (i.e., actor victims), will NOT carry a loaded weapon within the confines of the exercise play area. They may continue to carry their weapon only after it has been properly cleared and rendered safe (i.e., no ammunition in chamber, cylinder, breach, or magazines) and only after being marked or identified in a conspicuous manner (e.g., bright tape visible around the stock or holster). The use of an area clearly marked as “off limits” and with assigned armed personnel to secure weapons in a container, vehicle, or other security area is acceptable and should be consistent with host jurisdiction weapons security policies.

Qualified personnel who have legal authority to carry weapons (e.g., law enforcement, security, military) who are used to provide real-world perimeter security for the exercise and have no assigned or direct interaction with exercise participants may continue to carry loaded weapons as part of their normal scope of duty.

All other personnel with no legal authority to carry weapons will not bring, introduce, or have in their possession any weapon of any type in any area associated with the exercise. All exercise participants will be provided with a safety briefing that specifies provisions and policies regarding weapons before the exercise starts.

### Explosives and Pyrotechnics

Simulated explosive devices, such as “flash bangs,” pyrotechnics, flares, smoke grenades, and so forth, will be handled and/or detonated only by qualified exercise staff members or bomb technicians. Eye and ear protection should be worn by any persons in the area of explosive devices.

## Homeland Security Exercise and Evaluation Program (HSEEP)

Evaluation Plan  
(EvalPlan)[Full Exercise Name]  
[Exercise Name Continued]**Aggressive Behavior**

Aggressive behavior will not be tolerated during exercise conduct, except in matters of self-defense. Examples of aggressive behavior may include excessive speeding; uncontrolled animals (e.g., K-9s, horses); use of defense products (e.g., mace, pepper spray, stun guns, tasers, batons); and forceful use of operational response equipment or tools (e.g., pike poles, hose lines used at full stream on victims).

**Exercise Notification**

The DHS/FEMA National Preparedness Directorate supports exercise play that simulates real-life incidents; however, funds are not to be used for exercises that include or impact the general public without prior notification. Public notification includes, but is not limited to, message signs, press releases, postcards, radio/press advertisements, and community hearings. Exceptions to this policy specifying special mitigating circumstances must be directed, in writing, to the Exercise Manager or hseep@dhs.gov 30 days before the exercise.



# MASTER SCENARIO EVENTS LIST (MSEL) CONFERENCE AGENDA

[Date]

- I. Welcome and Introduction
- II. Exercise Overview
- III. Review MSEL
- IV. Action Items
- V. Closing

## MASTER SCENARIO EVENTS LIST (MSEL) CONFERENCE SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

# MASTER SCENARIO EVENTS LIST (MSEL) CONFERENCE MINUTES

[Meeting Date]

**Date and Location.** The [Exercise Name] Master Scenario Events List (MSEL) Conference was held at [Venue] on [Date]. Attendees included representatives from:

- [List Participating Agencies and Organizations]

**Purpose.** The purpose of the conference was to review and finalize the MSEL. A summary of finalized items and any pending or outstanding issues is provided below.

## Overview of Activities

**General.** The MSEL Conference was designed to provide the opportunity for exercise planners to review and finalize the MSEL.

[Insert MSEL Conference Overview]

## Outstanding Actions

The following actions and next steps remain:

- [List Action Items]

## Points of Contact (POCs)

[Exercise Name] Exercise Manager:

[Contact Information]

Lead Exercise Planner:

[Contact Information]

## Attendee List

Name	Organization	Phone Number	E-Mail

















[illegible]



[illegible]













[illegible]





[illegible]

[illegible]

[illegible]











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[illegible]





[illegible]



Project Management - General Information									
Project ID	Project Name	Project Manager	Project Sponsor	Project Start Date	Project End Date	Project Status	Project Phase	Project Budget	Project Risk
1	Project A	John Doe	John Doe	2023-01-01	2023-12-31	Completed	Phase 1	\$1,000,000	Low
2	Project B	Jane Smith	Jane Smith	2023-02-01	2023-11-30	In Progress	Phase 2	\$2,500,000	Medium
3	Project C	Mike Johnson	Mike Johnson	2023-03-01	2023-10-31	On Hold	Phase 3	\$500,000	High
4	Project D	Sarah Brown	Sarah Brown	2023-04-01	2023-09-30	Completed	Phase 4	\$750,000	Low
5	Project E	David Wilson	David Wilson	2023-05-01	2023-08-31	In Progress	Phase 1	\$1,200,000	Medium
6	Project F	Emily Davis	Emily Davis	2023-06-01	2023-07-31	On Hold	Phase 2	\$300,000	High
7	Project G	Chris Miller	Chris Miller	2023-07-01	2023-06-30	Completed	Phase 3	\$600,000	Low
8	Project H	Alexander Lee	Alexander Lee	2023-08-01	2023-05-31	In Progress	Phase 4	\$900,000	Medium
9	Project I	Olivia White	Olivia White	2023-09-01	2023-04-30	On Hold	Phase 1	\$400,000	High
10	Project J	Benjamin Green	Benjamin Green	2023-10-01	2023-03-31	Completed	Phase 2	\$800,000	Low
11	Project K	Mia Black	Mia Black	2023-11-01	2023-02-28	In Progress	Phase 3	\$1,100,000	Medium
12	Project L	Noah Gray	Noah Gray	2023-12-01	2023-01-31	On Hold	Phase 4	\$200,000	High
13	Project M	Ava Blue	Ava Blue	2024-01-01	2024-01-31	Completed	Phase 1	\$350,000	Low
14	Project N	Liam Red	Liam Red	2024-02-01	2024-02-28	In Progress	Phase 2	\$450,000	Medium
15	Project O	Isabella Yellow	Isabella Yellow	2024-03-01	2024-03-31	On Hold	Phase 3	\$550,000	High
16	Project P	Ethan Purple	Ethan Purple	2024-04-01	2024-04-30	Completed	Phase 4	\$650,000	Low
17	Project Q	Sophia Pink	Sophia Pink	2024-05-01	2024-05-31	In Progress	Phase 1	\$750,000	Medium
18	Project R	Lucas Brown	Lucas Brown	2024-06-01	2024-06-30	On Hold	Phase 2	\$850,000	High
19	Project S	Charlotte Green	Charlotte Green	2024-07-01	2024-07-31	Completed	Phase 3	\$950,000	Low
20	Project T	James Blue	James Blue	2024-08-01	2024-08-31	In Progress	Phase 4	\$1,050,000	Medium
21	Project U	Amelia Red	Amelia Red	2024-09-01	2024-09-30	On Hold	Phase 1	\$1,150,000	High
22	Project V	William Yellow	William Yellow	2024-10-01	2024-10-31	Completed	Phase 2	\$1,250,000	Low
23	Project W	Harper Purple	Harper Purple	2024-11-01	2024-11-30	In Progress	Phase 3	\$1,350,000	Medium
24	Project X	Elijah Pink	Elijah Pink	2024-12-01	2024-12-31	On Hold	Phase 4	\$1,450,000	High
25	Project Y	Avery Brown	Avery Brown	2025-01-01	2025-01-31	Completed	Phase 1	\$1,550,000	Low
26	Project Z	Grayson Green	Grayson Green	2025-02-01	2025-02-28	In Progress	Phase 2	\$1,650,000	Medium
27	Project AA	Madison Blue	Madison Blue	2025-03-01	2025-03-31	On Hold	Phase 3	\$1,750,000	High
28	Project AB	Christopher Red	Christopher Red	2025-04-01	2025-04-30	Completed	Phase 4	\$1,850,000	Low
29	Project AC	Samantha Yellow	Samantha Yellow	2025-05-01	2025-05-31	In Progress	Phase 1	\$1,950,000	Medium
30	Project AD	Matthew Purple	Matthew Purple	2025-06-01	2025-06-30	On Hold	Phase 2	\$2,050,000	High
31	Project AE	Chloe Pink	Chloe Pink	2025-07-01	2025-07-31	Completed	Phase 3	\$2,150,000	Low
32	Project AF	Andrew Brown	Andrew Brown	2025-08-01	2025-08-31	In Progress	Phase 4	\$2,250,000	Medium
33	Project AG	Emily Green	Emily Green	2025-09-01	2025-09-30	On Hold	Phase 1	\$2,350,000	High
34	Project AH	Michael Blue	Michael Blue	2025-10-01	2025-10-31	Completed	Phase 2	\$2,450,000	Low
35	Project AI	Sarah Red	Sarah Red	2025-11-01	2025-11-30	In Progress	Phase 3	\$2,550,000	Medium
36	Project AJ	David Yellow	David Yellow	2025-12-01	2025-12-31	On Hold	Phase 4	\$2,650,000	High
37	Project AK	Jessica Purple	Jessica Purple	2026-01-01	2026-01-31	Completed	Phase 1	\$2,750,000	Low
38	Project AL	Robert Pink	Robert Pink	2026-02-01	2026-02-28	In Progress	Phase 2	\$2,850,000	Medium
39	Project AM	Laura Brown	Laura Brown	2026-03-01	2026-03-31	On Hold	Phase 3	\$2,950,000	High
40	Project AN	Kevin Green	Kevin Green	2026-04-01	2026-04-30	Completed	Phase 4	\$3,050,000	Low
41	Project AO	Nicole Blue	Nicole Blue	2026-05-01	2026-05-31	In Progress	Phase 1	\$3,150,000	Medium
42	Project AP	Brandon Red	Brandon Red	2026-06-01	2026-06-30	On Hold	Phase 2	\$3,250,000	High
43	Project AQ	Samantha Yellow	Samantha Yellow	2026-07-01	2026-07-31	Completed	Phase 3	\$3,350,000	Low
44	Project AR	Justin Purple	Justin Purple	2026-08-01	2026-08-31	In Progress	Phase 4	\$3,450,000	Medium
45	Project AS	Ashley Pink	Ashley Pink	2026-09-01	2026-09-30	On Hold	Phase 1	\$3,550,000	High
46	Project AT	Christopher Brown	Christopher Brown	2026-10-01	2026-10-31	Completed	Phase 2	\$3,650,000	Low
47	Project AU	Madison Green	Madison Green	2026-11-01	2026-11-30	In Progress	Phase 3	\$3,750,000	Medium
48	Project AV	Matthew Blue	Matthew Blue	2026-12-01	2026-12-31	On Hold	Phase 4	\$3,850,000	High
49	Project AW	Chloe Red	Chloe Red	2027-01-01	2027-01-31	Completed	Phase 1	\$3,950,000	Low
50	Project AX	Andrew Yellow	Andrew Yellow	2027-02-01	2027-02-28	In Progress	Phase 2	\$4,050,000	Medium
51	Project AY	Emily Purple	Emily Purple	2027-03-01	2027-03-31	On Hold	Phase 3	\$4,150,000	High
52	Project AZ	Michael Pink	Michael Pink	2027-04-01	2027-04-30	Completed	Phase 4	\$4,250,000	Low
53	Project BA	Sarah Brown	Sarah Brown	2027-05-01	2027-05-31	In Progress	Phase 1	\$4,350,000	Medium
54	Project BB	David Green	David Green	2027-06-01	2027-06-30	On Hold	Phase 2	\$4,450,000	High
55	Project BC	Jessica Blue	Jessica Blue	2027-07-01	2027-07-31	Completed	Phase 3	\$4,550,000	Low
56	Project BD	Justin Red	Justin Red	2027-08-01	2027-08-31	In Progress	Phase 4	\$4,650,000	Medium
57	Project BE	Ashley Yellow	Ashley Yellow	2027-09-01	2027-09-30	On Hold	Phase 1	\$4,750,000	High
58	Project BF	Christopher Purple	Christopher Purple	2027-10-01	2027-10-31	Completed	Phase 2	\$4,850,000	Low
59	Project BG	Madison Pink	Madison Pink	2027-11-01	2027-11-30	In Progress	Phase 3	\$4,950,000	Medium
60	Project BH	Matthew Brown	Matthew Brown	2027-12-01	2027-12-31	On Hold	Phase 4	\$5,050,000	High
61	Project BI	Chloe Green	Chloe Green	2028-01-01	2028-01-31	Completed	Phase 1	\$5,150,000	Low
62	Project BJ	Andrew Blue	Andrew Blue	2028-02-01	2028-02-28	In Progress	Phase 2	\$5,250,000	Medium
63	Project BK	Emily Red	Emily Red	2028-03-01	2028-03-31	On Hold	Phase 3	\$5,350,000	High
64	Project BL	Michael Yellow	Michael Yellow	2028-04-01	2028-04-30	Completed	Phase 4	\$5,450,000	Low
65	Project BM	Sarah Purple	Sarah Purple	2028-05-01	2028-05-31	In Progress	Phase 1	\$5,550,000	Medium
66	Project BN	David Pink	David Pink	2028-06-01	2028-06-30	On Hold	Phase 2	\$5,650,000	High
67	Project BO	Jessica Brown	Jessica Brown	2028-07-01	2028-07-31	Completed	Phase 3	\$5,750,000	Low
68	Project BP	Justin Green	Justin Green	2028-08-01	2028-08-31	In Progress	Phase 4	\$5,850,000	Medium
69	Project BQ	Ashley Blue	Ashley Blue	2028-09-01	2028-09-30	On Hold	Phase 1	\$5,950,000	High
70	Project BR	Christopher Red	Christopher Red	2028-10-01	2028-10-31	Completed	Phase 2	\$6,050,000	Low
71	Project BS	Madison Yellow	Madison Yellow	2028-11-01	2028-11-30	In Progress	Phase 3	\$6,150,000	Medium
72	Project BT	Matthew Purple	Matthew Purple	2028-12-01	2028-12-31	On Hold	Phase 4	\$6,250,000	High
73	Project BU	Chloe Pink	Chloe Pink	2029-01-01	2029-01-31	Completed	Phase 1	\$6,350,000	Low
74	Project BV	Andrew Brown	Andrew Brown	2029-02-01	2029-02-28	In Progress	Phase 2	\$6,450,000	Medium
75	Project BW	Emily Green	Emily Green	2029-03-01	2029-03-31	On Hold	Phase 3	\$6,550,000	High
76	Project BX	Michael Blue	Michael Blue	2029-04-01	2029-04-30	Completed	Phase 4	\$6,650,000	Low
77	Project BY	Sarah Red	Sarah Red	2029-05-01	2029-05-31	In Progress	Phase 1	\$6,750,000	Medium
78	Project BZ	David Yellow	David Yellow	2029-06-01	2029-06-30	On Hold	Phase 2	\$6,850,000	High
79	Project CA	Jessica Purple	Jessica Purple	2029-07-01	2029-07-31	Completed	Phase 3	\$6,950,000	Low
80	Project CB	Justin Pink	Justin Pink	2029-08-01	2029-08-31	In Progress	Phase 4	\$7,050,000	Medium
81	Project CC	Ashley Brown	Ashley Brown	2029-09-01	2029-09-30	On Hold	Phase 1	\$7,150,000	High
82	Project CD	Christopher Green	Christopher Green	2029-10-01	2029-10-31	Completed	Phase 2	\$7,250,000	Low
83	Project CE	Madison Blue	Madison Blue	2029-11-01	2029-11-30	In Progress	Phase 3	\$7,350,000	Medium
84	Project CF	Matthew Red	Matthew Red	2029-12-01	2029-12-31	On Hold	Phase 4	\$7,450,000	High
85	Project CG	Chloe Yellow	Chloe Yellow	2030-01-01	2030-01-31	Completed	Phase 1	\$7,550,000	Low
86	Project CH	Andrew Purple	Andrew Purple	2030-02-01	2030-02-28	In Progress	Phase 2	\$7,650,000	Medium
87	Project CI	Emily Pink	Emily Pink	2030-03-01	2030-03-31	On Hold	Phase 3	\$7,750,000	High
88	Project CJ	Michael Brown	Michael Brown	2030-04-01	2030-04-30	Completed	Phase 4	\$7,850,000	Low
89	Project CK	Sarah Green	Sarah Green	2030-05-01	2030-05-31	In Progress	Phase 1	\$7,950,000	Medium
90	Project CL	David Blue	David Blue	2030-06-01	2030-06-30	On Hold	Phase 2	\$8,050,000	High
91	Project CM	Jessica Red	Jessica Red	2030-07-01	2030-07-31	Completed	Phase 3	\$8,150,000	Low
92	Project CN	Justin Yellow	Justin Yellow	2030-08-01	2030-08-31	In Progress	Phase 4	\$8,250,000	Medium
93	Project CO	Ashley Purple	Ashley Purple	2030-09-01	2030-09-30	On Hold	Phase 1	\$8,350,000	High
94	Project CP	Christopher Pink	Christopher Pink	2030-10-01	2030-10-31	Completed	Phase 2	\$8,450,000	Low
95	Project CQ	Madison Brown	Madison Brown	2030-11-01	2030-11-30	In Progress	Phase 3	\$8,550,000	Medium
96	Project CR	Matthew Green	Matthew Green	2030-12-01	2030-12-31	On Hold	Phase 4	\$8,650,000	High
97	Project CS	Chloe Blue	Chloe Blue	2031-01-01	2031-01-31	Completed	Phase 1	\$8,750,000	Low
98	Project CT	Andrew Red	Andrew Red	2031-02-01	2031-02-28	In Progress	Phase 2	\$8,850,000	Medium
99	Project CU	Emily Yellow	Emily Yellow	2031-03-01	2031-03-31	On Hold	Phase 3	\$8,950,000	High
100	Project CV	Michael Purple	Michael Purple	2031-04-01	2031-04-30	Completed	Phase 4	\$9,050,000	Low



[illegible]









[illegible]



## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

[Document Name]

[Exercise Name Continued]

**EXERCISE SCHEDULE**

Time	Personnel	Activity	Location
<b>[Date Minus 1]</b>			
[Time]	Exercise controllers, evaluators, and staff	Controller and Evaluator Orientation Briefing	[Location]
As needed	Exercise controllers and staff	Control Cell setup and walk-through	[Location]
<b>[Date]</b>			
[Time]	Controllers and exercise staff	Check-in for final instructions and communications check	[Location]
[Time]	Media	Media Briefing	[Location]
[Time]	VIPs and selected exercise staff	VIP Controller Briefing	[Location]
[Time]	Controllers and evaluators	Controllers and evaluators in starting positions	[Location]
[Time]	All	Controllers give player briefs	[Location]
[Time]	<b>All</b>	<b>Exercise Starts</b>	[Location]
[Time]	<b>All</b>	<b>Exercise Ends</b>	[Location]
Immediately following the exercise	<b>All</b>	Venue Hot Washes; turn in Participant Feedback Forms	[Location]
<b>[Date Plus 1]</b>			
[Time]	Controllers, evaluators, and various officials	Controller and Evaluator After Action Review	[Location]

## COMMUNICATIONS PLAN

### Exercise Start, Suspension, and Termination Instructions

The exercise is scheduled to run for [Exercise Duration] or until the Exercise Director and Senior Controller determine that exercise objectives have been met. From the Simulation Cell (SimCell), the [Exercise Director] will announce the start of the exercise and exercise suspension or termination through the controller communications network.

**All spoken and written communications will start and end with the statement "THIS IS AN EXERCISE."**

### Player Communications

Players will use routine, in-place agency communication systems. Additional communication assets may be made available as the exercise progresses. The need to maintain capability for a real-world response may preclude the use of certain communication channels or systems that usually would be available for an actual emergency. In no instance will exercise communications interfere with real-world emergency communications. Each venue will coordinate its own internal communication networks and channels.

The primary means of communication among the SimCell, controllers, and venues will be [Means of communication, i.e., radio (channels), telephone]. A list of key telephone and fax numbers and radio call signs will be available as a Communications Directory before the exercise starts.

### Communications Check

Before the exercise starts, the SimCell will conduct a communications check with all interfacing communication means to ensure redundancy and uninterrupted flow of control information.

### Player Briefing

Controllers may be required to read specific scenario details to participants to begin exercise play. They may also have technical handouts or other materials to give to players to better orient them to the exercise environment.

### Public Affairs

This exercise enables players to demonstrate increased readiness to deal with a [type of incident]. Any public safety exercise may be a newsworthy event. Special attention must be given to the needs of media representatives, allowing them to get as complete and accurate a story as possible; however, their activities must not compromise exercise realism, safety, or objectives.

[Sponsor Agency] and participating agencies are responsible for disseminating public information before the [Exercise Name]. [Sponsor Agency] will coordinate this function.

## CONTROLLER AND EVALUATOR ASSIGNMENTS

**Note:** This is a sample list of controller and evaluator assignments. The positions should be modified based on exercise type and scope. For example, if the exercise does not include a Simulation Cell, a controller does not need to fulfill that function. Both controllers and evaluators may be assigned to a second area if play has been completed in the first.

Name	Role	Position
<b>Emergency Operations Center (EOC)</b>		
	Controller	Site controller, site safety officer
	Controller	
	Evaluator	EOC management evaluator
	Evaluator	Communications evaluator
<b>Simulation Cell (SimCell)</b>		
	Controller	Lead SimCell controller, Master Scenario Events List (MSEL) tracker
	Controller	Local law enforcement simulator
	Controller	Jurisdictional fire simulator
	Controller	Emergency medical services (EMS) simulator
	Controller	State simulator
<b>Field Site</b>		
	Controller	Senior Controller, Incident Command controller, site safety officer
	Controller	Assembly Area controller
	Controller	Special weapons and tactics (SWAT) controller
	Controller	Hazardous materials (HazMat) controller
	Controller	Bomb squad controller
	Controller	Victim actor controller
	Controller	Observer/VIP controller
	Evaluator	Weapons of mass destruction (WMD)/HazMat response and decontamination evaluator
	Evaluator	Onsite incident management evaluator
	Evaluator	Communications evaluator
	Evaluator	Public safety and security response

## APPENDIX [X]: JURISDICTION FACTSHEET

**Note:** This document is a template format for a factsheet for the exercising jurisdiction. Specific information regarding the jurisdiction should be input into this format and attached as an appendix to the appropriate exercise documents if the exercise planners determine this information to be pertinent to the conduct of the exercise.

### [City, Town, County], [State]

[Insert pertinent general information of the area/location]

### Population

[Insert population information/statistics]

### Climate Averages

[Insert area weather/climate information]

### Government

[Insert area government information]

### Contact Information

[Insert contact information for the jurisdiction]

## APPENDIX [X]: AREA MAPS

**Figure A.1** [Map Title]

[Insert map]

**Figure A.2** [Map Title]

[Insert map]

## ASSEMBLY AREA DEPLOYMENT TIMETABLE

The Deployment Timetable is used in the Assembly Area to dispatch vehicles and apparatus based on realistic response times from the agency's home station or office to the exercise incident scene. The left-hand column in the following table should contain the names / designations (e.g., Engine 1) of each unit or apparatus in the Assembly Area. The table is divided into first alarm and second alarm units. The middle column of the table should include actual response times from the agency's home station to the incident site after it has been dispatched. This will determine when the Assembly Area controller releases the unit from the Assembly Area; this information should then be noted in the right-hand column of the table.

Apparatus Designation	Response Time to Incident Site	Released by Dispatch or Controller
<b>FIRST ALARM UNITS</b>		
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
<b>SECOND ALARM UNITS</b>		
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	

## CONTROLLER COMMUNICATIONS PLAN

**Table 1: Lead Planner and Lead Controller**

Position	Name	Phone Number
Lead Exercise Planner		
Lead Controller		

**Table 2: Controllers**

Venue	Name/Position	Phone/Fax Numbers
[Functional Area/Grouping]		
[Functional Area/Grouping]		
[Functional Area/Grouping]		
[Functional Area/Grouping]		
[Functional Area/Grouping]		

## APPENDIX [X]: AGENT/HAZARD SUMMARY

This document is a template format for an agent or hazard summary appendix. Specific information and summaries for numerous agents and hazards can be found in the Reference section of HSEEP Volume IV: Sample Exercise Documents and Formats and can be inserted into this document format.

[Insert Agent/Hazard Information]



## PARTICIPATING AND SIMULATED AGENCIES

Participating Agencies and Organizations	
Local Agencies	
Private Organizations	
Simulated Agencies	
Federal Agencies	
State Agencies	

[PROTECTIVE MARKING]

# HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM (HSEEP)

## DOCUMENT TITLE

[Full Exercise Name]

Insert Jurisdiction  
Logo Here

Exercise Date: MM/DD/YY

Publishing Date: MM/DD/YY

[Final or Draft]

[PROTECTIVE MARKING]

# DOCUMENT TITLE

Document Text



NATIONAL EXERCISE PROGRAM

# DOCUMENT TITLE

[FULL EXERCISE NAME]



FEMA

Exercise Date: MM/DD/YY

Publishing Date: MM/DD/YY

For Official Use Only

DOCUMENT TITLE

Document Text

## ASSEMBLY AREA DEPLOYMENT TIMETABLE

The Deployment Timetable is used in the Assembly Area to dispatch vehicles and apparatus based on realistic response times from the agency's home station or office to the exercise incident scene. The left-hand column in the following table should contain the names / designations (e.g., Engine 1) of each unit or apparatus in the Assembly Area. The table is divided into first alarm and second alarm units. The middle column of the table should include actual response times from the agency's home station to the incident site after it has been dispatched. This will determine when the Assembly Area controller releases the unit from the Assembly Area; this information should then be noted in the right-hand column of the table.

Apparatus Designation	Response Time to Incident Site	Released by Dispatch or Controller
<b>FIRST ALARM UNITS</b>		
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
<b>SECOND ALARM UNITS</b>		
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	
	Dispatch + [#] minutes	



## EXERCISE SAFETY

A **safety controller** responsible for participant safety can be identified by his/her [badge, hat, vest].

### EXERCISE PARTICIPANT IDENTIFICATION

Participants can be recognized by a [badge, hat, vest] color-coded by exercise function.

Exercise Director/Facilitator	White
Exercise Evaluator	Red
Exercise Controller	Blue
Exercise Safety Controller	Green
Simulators/Actor Victims	Black
Support Staff	Grey
Exercise Observer/VIP	Orange
Media	Purple
Player	Yellow or Uniform

### WEAPONS POLICY

Weapons safety will follow the U.S. Department of Homeland Security (DHS) exercise safety policy. The following weapons will **NOT** be introduced into designated exercise play area(s) regardless of normal scope of functional duties:

- Loaded firearms, knives, or explosive devices
- Less-than-lethal weapons, tools, or devices
- Any object capable of causing bodily harm

### ACTUAL EMERGENCIES

Real-world emergencies and participant safety take priority over exercise conduct. In a real-world emergency, notify the nearest **controller** and state, “**This is a real-world emergency.**” Cease all exercise play immediately, and comply with exercise control staff instructions.

### ACCIDENTS AND INJURIES

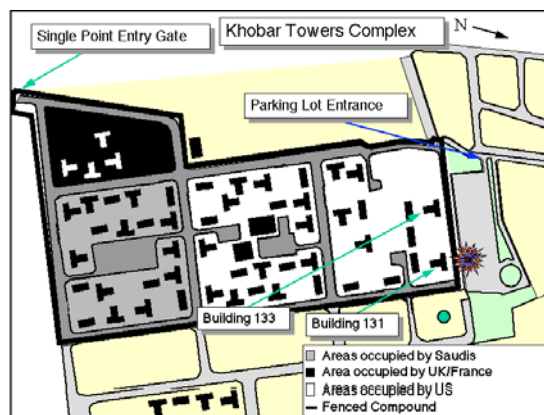
All players have a basic responsibility to act as safety officers. Immediately report safety concerns, unsafe acts or conditions, injuries, and accidents to the nearest **controller**.

## EXERCISE SCHEDULE

[Exercise Date(s)] (If exercise duration exceeds one day, detail each day's schedule separately)

Player Registration:	[0800–0830]
Player Briefing:	[0830]
Start of Exercise (StartEx):	[0900]
Lunch:	[1200–1300]
End of Exercise (EndEx):	[1600]
Hot Wash:	[1615]

## EXERCISE SITE MAP



## QUESTIONS AND MEDIA RELATIONS

Direct questions regarding exercise play to the venue **controller**. Media contact should be directed to the nearest **controller**, who will contact the Public Information Officer (PIO).

The PIO for this exercise is:

[PIO Title and Name]



[Full Exercise Name]  
[Exercise Type (Acronym)]

### Player Information Handout



[Exercise Date(s)]

The [Exercise Name] Exercise Director is:

[Name]  
[Agency]  
[City, State ZIP]  
[xxx-xxx-xxxx (office)]  
[xxx-xxx-xxxx (preferred contact during exercise conduct)]  
[e-mail]

[Handling Instruction or Classification]



---

## PURPOSE, SCOPE, AND SCENARIO

---

### *PURPOSE*

The [Full Exercise Name] [Exercise Type (Acronym)] was designed to test and evaluate [...].

### *SCOPE*

The [Full Exercise Name] [Exercise Type (Acronym)] will be conducted at [site location(s)] on [exercise date(s)] in response to a simulated [incident type]. [Full Exercise Name] is scheduled for [play duration] or until the [Exercise Director] and the Senior Controller have determined that the exercise objectives have been fully addressed.

### *SCENARIO*

[This section should briefly summarize the exercise scenario or situation initially presented to exercise players during the player briefing.]

*[Exercise Name] will be conducted in a no-fault learning environment and will evaluate existing plans, policies, and procedures as if players were responding to a real-world emergency. The exercise should not be viewed as a test or inspection of individual performance.*

---

## TARGET CAPABILITIES AND EXERCISE OBJECTIVES

---

The Exercise Planning Team has selected the [Name(s) of Target Capabilities] target capabilities on which to focus the exercise. These capabilities form the basis of exercise evaluation. The following objectives have been created to exercise the selected capabilities:

*(List exercise objectives. Example provided below.)*

- 1. Communications.** Assess the ability to establish and maintain a multidisciplinary, multijurisdictional communications network during a response to a terrorist incident.

---

## GENERAL INFORMATION

---

### *EXERCISE DOCUMENTATION*

Any documents generated by players during exercise play must be submitted to a controller or evaluator as part of the overall exercise documentation (e.g., WebEOC entries, e-mail messages, notes, exercise response and/or mitigation activity logs).

### *PARTICIPANT FEEDBACK FORMS*

Please complete the participant feedback form distributed at the end of the exercise, and return it to a controller or evaluator.

---

## COMMUNICATIONS

---

Players will use [communication systems and/or radio frequencies provided by the exercise planning team; routine agency systems to communicate] during the exercise. Players will communicate and coordinate only with participating entities or the Simulation Cell (SimCell). All exercise transmissions must begin and end with the statement “**This is an exercise.**”

---

## ASSUMPTIONS AND ARTIFICIALITIES

---

Earnest effort has been made to create a plausible and realistic scenario to exercise and validate identified objectives.

Participating entities will identify all agencies and individuals simulated during the exercise.

Exercise operations will occur at predesignated sites and facilities to maximize exercise control.

[Insert additional assumptions/artificialities as needed.]



Exercise hats


Exercise Hats

 Exercise Director	 Exercise Team
 Evaluator	 Controller


Exercise Hats

 Exercise Director	 Exercise Team
 Evaluator	 Controller



Exercise Hats

 Exercise Director	 Exercise Team
 Evaluator	 Controller



Exercise Hats

 Exercise Director	 Exercise Team
 Evaluator	 Controller

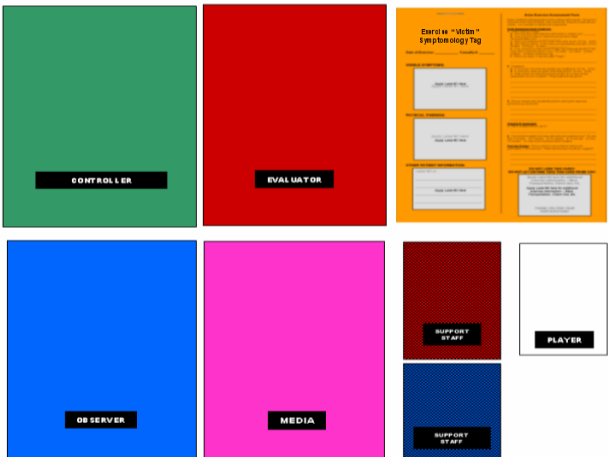
Exercise Hats

 Exercise Director	 Exercise Team
 Evaluator	 Controller

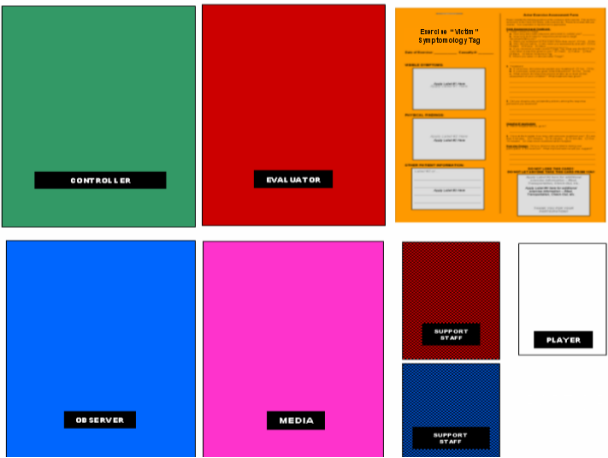
Exercise Hats

 Exercise Director	 Exercise Team
 Evaluator	 Controller

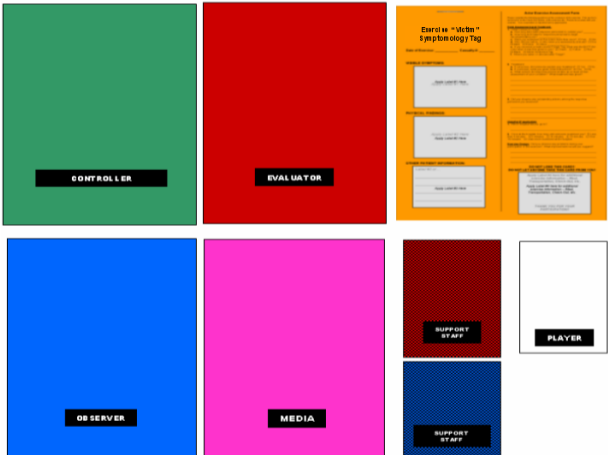
Exercise Badges



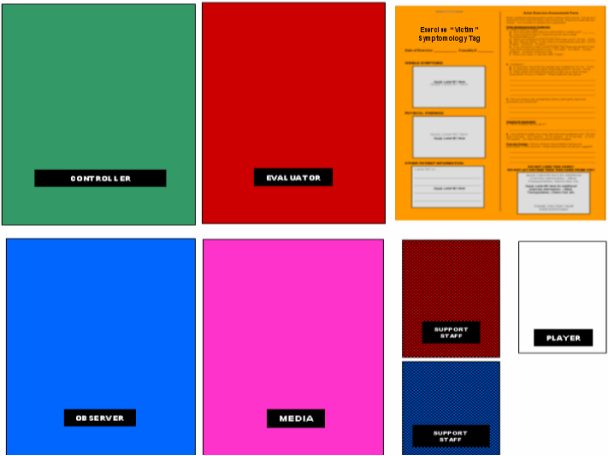
Exercise Badges



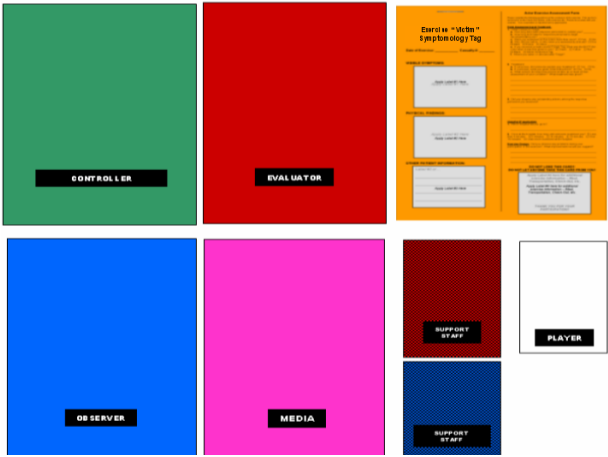
Exercise Badges



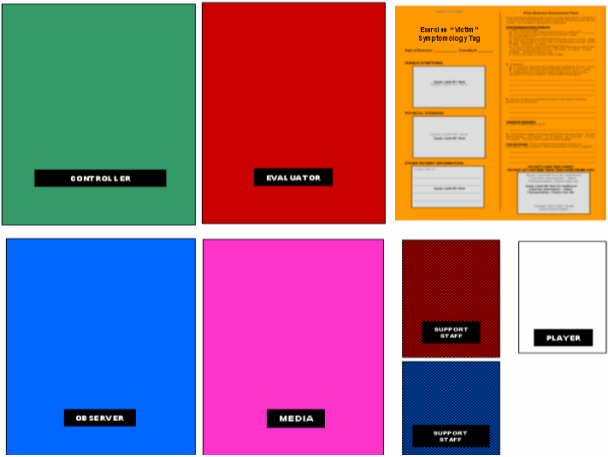
Exercise Badges



Exercise Badges



Exercise Badges



## ACTOR WAIVER FORM

On behalf of [Jurisdiction], we thank you for volunteering to be a simulated casualty for our preparedness exercise. The event is scheduled for [date]. Actors should report to [location] at [time].

### Exercise Overview

You will be participating as a mock victim of a [scenario]. You will be triaged and either directed or taken to an area where appropriate decontamination will occur, potentially including cutting of your clothing. You will be washed and reclothed. Alternative garments will be provided. **Please wear a bathing suit, shorts, and T-shirt, and bring a change of clothes and towel.** We would appreciate your wearing loose-fitting and easily removable shoes. **It is recommended that you do not wear jewelry.** Jewelry and personal items will be removed during the decontamination process, bagged, and given to you to carry as you go through the decontamination line.

Before the event, you will be given a complete orientation to the incident site, the type of injury or symptoms you should simulate, and what actions are expected of you.

Please eat a meal and drink plenty of liquids before you come. After the event, food and refreshments will be available for you. Restrooms also will be available for your convenience.

---

### Please Print Name, Sign, and Date

I, \_\_\_\_\_, agree to participate in the [sponsor name]-sponsored exercise on [conduct date]. I agree to go through the decontamination process. I will hold harmless [Jurisdiction] and any other agency or its members participating in this exercise. I understand that all reasonable and customary safety measures will be performed to try to prevent injury or harm to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## ACTOR INFORMATION SHEET

The Actor Information Sheet should be distributed to actors before the exercise and should accompany the Actor Waiver Form. This information sheet is provided as an example only and should be modified to suit the jurisdiction's needs as well as the exercise scope, type, and scenario. For example, if decontamination will not be part of the exercise, actors do not need to be instructed to wear bathing suits.

Please read and understand the following points; they will ensure that your participation in this exercise will be safe and enjoyable. **If you have any questions, please contact [Actor POC].**

---

### 1. *The day will be long and tiring.*

You need to be at the site by [time], and you will probably not finish until after [time]. **If you have any health concerns or medical conditions, please tell [Actor POC] before the start of the exercise.** Health or medical concerns will not necessarily disqualify you from participating.

---

### 2. *You must be at least 18 years old and sign a waiver to participate.*

If you are not 18 and are not in the military, **parental permission is required to participate.** The waiver form (included) must be turned in before the exercise to [Actor POC].

---

### 3. *Eat a good breakfast before arrival.*

It is your responsibility to eat a well-balanced meal before arriving at the exercise, [just in case you miss some of the food provided.]

[Exercise officials are planning a snack and limited beverages before the exercise. Volunteers transported to hospitals will be given a snack before being returned to the exercise site. Volunteers who do not leave the exercise site will be released before lunch.]

---

### 4. *Transport yourself to and from the exercise site.*

You are responsible to transport yourself to [exercise location]. A map is attached for your convenience. If you carpool with another volunteer, there is no guarantee that you will be returned to the exercise site at the same time.

---

### 5. *Be on time!*

**Please do not arrive late.** It is difficult to begin the exercise if actors are not in place.

You will most likely be released by [time]. However, you may finish earlier or later. Volunteers transported to hospitals will be returned to the exercise site.

---

### 6. *Wear layers of old clothes and a bathing suit.*

Wear clothes that can be removed and a bathing suit underneath. Wear clothes that you do not mind getting wet, dirty, stained, or torn. **You will get wet.**

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

### Actor Information Sheet

[Exercise Name Continued]

---

7. *There will be no place to keep personal belongings.*

Bring your driver's license, keys, and a sense of humor. Do not bring cameras, jewelry, items you don't want to get wet, large sums of money, or uninvited friends or volunteers.

---

8. *Don't overact.*

It is very important to play your assigned role the best you can, but this does not mean you should overact. Overacting can be dangerous for yourself and the emergency workers in the exercise. When you arrive at the exercise site, you will be assigned an injury or role and will be briefed about your roles and what will happen during the exercise. If you do not know how to play your role or have questions about the briefing, ask the volunteer coordinators. If you are assigned the role of a psychologically distressed person, please act upset, not out of control.

---

9. *If you get hurt or have a real problem, say "This is a real emergency."*

You must use the phrase "This is a real emergency" to tell exercise staff members that you have a real problem and are not just acting.

---

10. *You must check in and sign out.*

When you arrive in the morning, you will sign in and be assigned an "injury." A victim tag will be placed around your neck. This card must be returned at the checkout station. Do not remove or allow anyone to remove this victim tag during the exercise, even at the hospital. When the exercise is over, return your victim tag with the questions completed on the back.

---

*Please be sure you understand all of these points. If you have any questions, please contact [Actor POC]. We would like to ensure your safety and preparedness for this exercise.*

**On behalf of [Agency/Jurisdiction] and all of the participants in the exercise, thank you for volunteering. It will be an interesting and enjoyable day and, as a result, our community will be better prepared to face real challenges in the future.**

## ACTOR WAIVER FORM

On behalf of [Jurisdiction], we thank you for volunteering to be a simulated casualty for our preparedness exercise. The event is scheduled for [date]. Actors should report to [location] at [time].

### Exercise Overview

You will be participating as a mock victim of a [scenario]. You will be triaged and either directed or taken to an area where appropriate decontamination will occur, potentially including cutting of your clothing. You will be washed and reclothed. Alternative garments will be provided. **Please wear a bathing suit, shorts, and T-shirt, and bring a change of clothes and towel.** We would appreciate your wearing loose-fitting and easily removable shoes. **It is recommended that you do not wear jewelry.** Jewelry and personal items will be removed during the decontamination process, bagged, and given to you to carry as you go through the decontamination line.

Before the event, you will be given a complete orientation to the incident site, the type of injury or symptoms you should simulate, and what actions are expected of you.

Please eat a meal and drink plenty of liquids before you come. After the event, food and refreshments will be available for you. Restrooms also will be available for your convenience.

---

### Please Print Name, Sign, and Date

I, \_\_\_\_\_, agree to participate in the [sponsor name]-sponsored exercise on [conduct date]. I agree to go through the decontamination process. I will hold harmless [Jurisdiction] and any other agency or its members participating in this exercise. I understand that all reasonable and customary safety measures will be performed to try to prevent injury or harm to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## AREA MAPS

Figure 1. [Map Title]

[Insert map]

Figure 2. [Map Title]

[Insert map]



Moulage is makeup applied to victim actors to add realism to an exercise. It may include fake blood, plastic bones, and any other makeup that helps a victim actor realistically portray the signs and symptoms on his or her symptomology card. Although not required, moulage is encouraged at all operations-based exercises.

The moulage staff—commonly composed of volunteers from local school drama clubs, community theaters, and mortuaries—applies the makeup to the victim actors. Moulage makeup kits and manuals can be purchased from various sources for “do-it-yourself” volunteer efforts. However, businesses specializing in moulage do exist and boast professional moulage artists and materials. These types of moulage businesses are often employed for full-scale exercises.

Common moulage kit components include:

- Makeup (various colors)
- Cotton balls
- Sterile gauze pads
- Glycerin
- Palette knife
- Brushes (various types)
- Tongue depressors
- Sponges (stipple, gauze, makeup)
- Mixing palette
- Effects gels (blood, clear, flesh colored)
- Effects gel applicator
- Stage blood (premixed and powder mixes)
- Scissors
- Utility knife
- Plastic wrap
- Liquid starch
- Pocket comb
- Rubbing alcohol
- Petroleum jelly
- Liquid adhesive and adhesive remover
- Empty mixing bottles
- Flesh putty (various colors)
- Prosthetics (various injuries such as blisters, burnt skin, bone fractures, open wounds)





**CONTAMINATED**



**CONTAMINATED**



**CONTAMINATED**



**CONTAMINATED**



**CONTAMINATED**



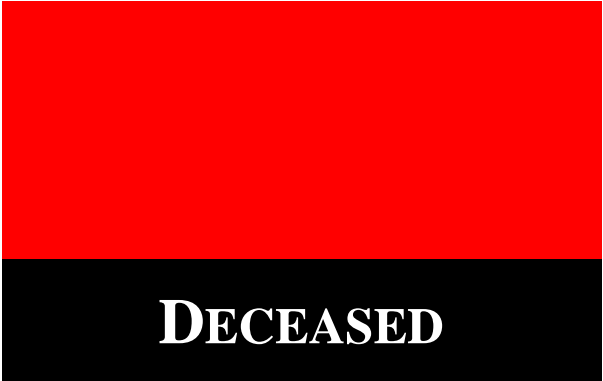
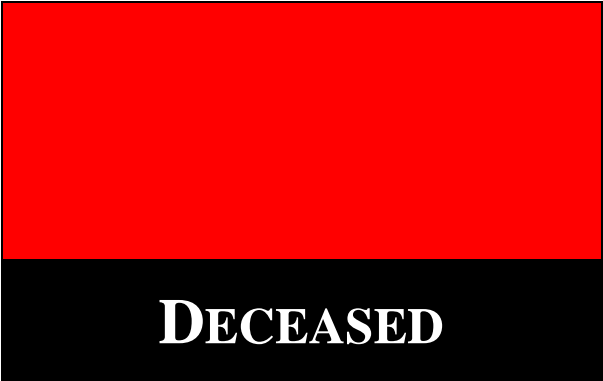
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**CONTAMINATED**



**CONTAMINATED**





**DO NOT DECON**



**DO NOT DECON**



**DO NOT DECON**



**DO NOT DECON**



**DO NOT DECON**



**DO NOT DECON**



**DO NOT DECON**



**DO NOT DECON**

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious and Confused**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 88  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location but slow to  
respond**

**Able to follow directions  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site. If you are not picked up please call

*Thank you for your participation*

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Crying and Confused**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 100  
BP: 140/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name only**

**Unable to follow  
directions**

**Able to walk but  
unwilling**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire  
☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red  
☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Frantic**

**Complaining of  
headache and no feeling  
in arms**

## PHYSICAL FINDINGS:

**Resp: 22**

**Pulse: 90**

**BP: 132/88**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location**

**Able to follow directions**

**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact & Triage:
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
  - f. Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Treatment:

- a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
- b. If conscious, were you given clear instructions? ☐ Yes ☐ No
- c. What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Did you observe any outstanding actions among the response personnel you observed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to?

- \_\_\_\_\_  
\_\_\_\_\_
- #### 2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?

\_\_\_\_\_  
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\_\_\_\_\_

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Combative**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 92  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name,  
location, and time**

**Able to follow directions**

**Able to walk but  
unwilling**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact & Triage:
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
  - f. Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Treatment:

- a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
- b. If conscious, were you given clear instructions? ☐ Yes ☐ No
- c. What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Confused**  
**Complaining of being cold**

## PHYSICAL FINDINGS:

**Resp: 20**  
**Pulse: 70**  
**BP: 120/70**

## OTHER PATIENT INFORMATION:

**Aware; knows name only**  
**Able to follow directions**  
**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Crying**

**Frantic**

**Complaining of sharp  
pains all over**

## PHYSICAL FINDINGS:

**Resp: 25  
Pulse: 72  
BP: 125/70**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location but slow to  
respond**

**Able to follow directions**

**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious**  
**Complaining of nausea  
and lightheadedness**

## PHYSICAL FINDINGS:

**Resp: 14**  
**Pulse: 80**  
**BP: 130/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location but slow to  
respond**  
  
**Able to follow directions**  
  
**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Thank you for your participation*

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

Anxious

Paranoid

Complaining of  
lightheadedness

## PHYSICAL FINDINGS:

Resp: 16

Pulse: 68

BP: 120/82

## OTHER PATIENT INFORMATION:

Aware; knows name,  
location, and time but  
slow to respond

Able to follow directions  
but unwilling

Able to walk

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Thank you for your participation*

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

Anxious

Angry

Combative

## PHYSICAL FINDINGS:

Resp: 22

Pulse: 92

BP: 130/90

## OTHER PATIENT INFORMATION:

Aware; knows name,  
location, and time

Able to follow directions

Able to walk but  
unwilling

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact & Triage:
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
  - f. Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!!**  
**DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site. If you are not picked up please call

*Thank you for your participation*

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**

**Frantic**

**Complaining of a variety  
of unrelated symptoms**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 68  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Aware; knows name,  
location, and time but  
slow to respond**

**Able to follow directions**

**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**

**Concerned and frantic**

**Complaining of a variety  
of unrelated symptoms**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 68  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location but slow to  
respond**

**Able to follow directions  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
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#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
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#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**

**Complaining of a variety  
of unrelated symptoms**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 68  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Aware; knows name,  
location, and time**

**Able to follow directions**

**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- a. How long did it take response personnel to contact you? \_\_\_\_\_
- b. How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- c. Were you examined on the scene more than once? ☐ Yes ☐ No
- d. Who did you talk to, or who were you assessed by (list all)? ☐ Fire  
☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red  
☐ Black ☐ Never received a Tag
- f. Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
- b. If conscious, were you given clear instructions? ☐ Yes ☐ No
- c. What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
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\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**

**Concerned and frantic**

**Complaining of being  
cold**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 68  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location but slow to  
respond**

**Able to follow directions**

**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
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#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**  
**Complaining of a  
headache**

## PHYSICAL FINDINGS:

**Resp: 22**  
**Pulse: 92**  
**BP: 130/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name,  
location, and time but  
slow to respond**  
  
**Able to follow directions**  
  
**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- a. How long did it take response personnel to contact you? \_\_\_\_\_
- b. How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- c. Were you examined on the scene more than once? ☐ Yes ☐ No
- d. Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- f. Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
- b. If conscious, were you given clear instructions? ☐ Yes ☐ No
- c. What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
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#### 3. Did you observe any outstanding actions among the response personnel you observed?

\_\_\_\_\_  
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### Hospital (if applicable)

#### 1. Which hospital did you go to?

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\_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**

**Complaining of being hot**

## PHYSICAL FINDINGS:

**Resp: 16**

**Pulse: 68**

**BP: 120/82**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location but slow to  
respond**

**Able to follow direction**

**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact & Triage:
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
  - f. Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 2. Treatment:

- a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
- b. If conscious, were you given clear instructions? ☐ Yes ☐ No
- c. What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_  
\_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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*Thank you for your participation*

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**

**Upset**

**Victim has family in the  
area**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 90  
BP: 150/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name,  
location, and time**

**Extremely anxious**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- a. How long did it take response personnel to contact you? \_\_\_\_\_
- b. How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- c. Were you examined on the scene more than once? ☐ Yes ☐ No
- d. Who did you talk to, or who were you assessed by (list all)? ☐ Fire  
☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red  
☐ Black ☐ Never received a Tag
- f. Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
- b. If conscious, were you given clear instructions? ☐ Yes ☐ No
- c. What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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*Thank you for your participation*

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**

**Crying**

**Victim has friends in the  
area**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 90  
BP: 150/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name,  
location, and time**

**Extremely anxious**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- a. How long did it take response personnel to contact you? \_\_\_\_\_
- b. How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- c. Were you examined on the scene more than once? ☐ Yes ☐ No
- d. Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- e. If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- f. Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
- b. If conscious, were you given clear instructions? ☐ Yes ☐ No
- c. What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAGS

Date of Exercise: \_\_\_\_\_ Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**  
**Upset**  
**Victim has daughter in**  
**the area**  
**Shows no signs of**  
**exposure**

## PHYSICAL FINDINGS:

**Resp: 22**  
**Pulse: 90**  
**BP: 150/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name,**  
**location, and time**  
  
**Extremely anxious**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the Check-Out Station, at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

#### 1. Initial Contact & Triage:

- How long did it take response personnel to contact you? \_\_\_\_\_
- How long did it take for response personnel to begin decontaminating you? \_\_\_\_\_
- Were you examined on the scene more than once? ☐ Yes ☐ No
- Who did you talk to, or who were you assessed by (list all)? ☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
- If you received a multi-colored Triage Tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a Tag
- Where you taken or directed after Triage?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 2. Treatment:

- If conscious, did someone explain your treatment? ☐ Yes ☐ No
- If conscious, were you given clear instructions? ☐ Yes ☐ No
- What actions did response personnel take as a result of their assessment of your condition? What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 3. Did you observe any outstanding actions among the response personnel you observed? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

### Hospital (if applicable)

#### 1. Which hospital did you go to? \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Once at the hospital, how long until someone examined you? ☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes ☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On the ground not breathing  
Massive amount of gray skin  
and sloughing areas  
Significant amount of  
discharge from eyes, nose, and  
mouth**

## PHYSICAL FINDINGS:

**Resp: None  
Pulse: None  
BP: None**

## OTHER PATIENT INFORMATION:

**Unconscious  
Unresponsive  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Watery eyes  
Runny nose  
Coughing  
Complaining of pain, burning,  
and itching of exposed skin**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 90  
BP: 130/60**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Watery eyes  
Runny nose  
Coughing  
Complaining of pain, burning,  
and itching of exposed skin**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 95  
BP: 130/60**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Complaining that eyes, nose, and  
mouth are burning and watering  
Thighs and hands are reddened  
Eyes are bloodshot and swollen  
Runny nose  
Raspy voice and productive cough**

## PHYSICAL FINDINGS:

**Resp: 15,  
Audible crackles and wheezing  
Pulse: 90  
BP: 130/86**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Redness and burning to hands  
and upper portion of left side  
Complaining of stinging  
sensation to thighs  
Shortness of breath  
Red and tearing eyes  
Raspy voice and productive  
cough**

## PHYSICAL FINDINGS:

**Resp: 28, shallow  
Pulse: 100  
BP: 150/96**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Swollen and tearing eyes  
Sneezing and coughing  
Redness around eyes, nose,  
and mouth  
Complaining of burning,  
itching skin**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 100  
BP: 160/92**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Reddened areas to face and arms**  
**Bloody nose**  
**Red and watery eyes**  
**Complaining of severe skin irritation**

## PHYSICAL FINDINGS:

**Resp: 24**  
**Pulse: 100**  
**BP: 160/92**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location, and time**  
**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!**  
**DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Tearing eyes  
Runny nose  
Coughing  
Complaining of pain, burning  
and itching of exposed skin**

## PHYSICAL FINDINGS:

**Resp: 17  
Pulse: 70  
BP: 110/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?

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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?

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3. Did you observe any outstanding actions among the response personnel you observed?

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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?

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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Tearing eyes**  
**Runny nose**

## PHYSICAL FINDINGS:

**Resp: 24**  
**Pulse: 100**  
**BP: 160/92**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time**  
**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!**  
**DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Reddened areas on right arm  
Red and watery eyes**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 86  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Complaining that eyes, nose,  
and mouth are burning and  
watering  
Thighs and hands are  
reddened  
Eyes are bloodshot and  
swollen  
Runny nose  
Raspy voice and productive  
cough**

## PHYSICAL FINDINGS:

**Resp: 15,  
Pulse: 90  
BP: 130/86**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Redness and burning to hands  
and upper portion of left side  
Complaining of stinging  
sensation to thighs  
Red and tearing eyes  
Raspy voice and productive  
cough**

## PHYSICAL FINDINGS:

**Resp: 28, shallow  
Pulse: 100  
BP: 150/96**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Swollen and tearing eyes  
Sneezing and coughing  
Redness around eyes, nose,  
and mouth  
Complaining of burning,  
itching skin**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 100  
BP: 160/92**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Reddened areas to face and  
arms  
Bloody nose  
Red and watery eyes  
Complaining of severe skin  
irritation**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 100  
BP: 160/92**

## OTHER PATIENT INFORMATION:

**Aware; knows name, unaware  
of location and time  
Able to walk with Assistance**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Tearing eyes  
Runny nose  
Coughing  
Complaining of pain, burning,  
and itching of exposed skin**

## PHYSICAL FINDINGS:

**Resp: 17  
Pulse: 70  
BP: 110/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Tearing eyes  
Raspy voice  
Productive cough  
Eyes are bloodshot and  
swollen  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 100  
BP: 160/92**

## OTHER PATIENT INFORMATION:

**Unaware of name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

3. Which hospital did you go to? \_\_\_\_\_
4. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Reddened areas on torso  
Stinging sensation on thighs  
and chest  
Raspy voice and productive  
cough  
Red and watery eyes**

## PHYSICAL FINDINGS:

**Resp: 20, shallow  
Pulse: 86  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk with assistance**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Reddening of exposed skin**  
**Coughing**  
**Complaining of severe pain to**  
**face and eyes**  
**Burning in throat**  
**Hoarse**  
**Swollen eyelids**

## PHYSICAL FINDINGS:

**Resp: 32 and shallow**  
**Pulse: 100**  
**BP: 110/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,**  
**and time**  
**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!**  
**DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Grayish areas of deadened skin**  
**Reddening of both arms and entire face**  
**Coughing**  
**Rubbing eyes; complaining that eyes are more painful than arms, which sting**

## PHYSICAL FINDINGS:

**Resp: 28, labored**  
**Pulse: 140**  
**BP: 100/80**

## OTHER PATIENT INFORMATION:

**Dazed; knows name only**  
**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!**  
**DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground  
Severe graying skin  
Skin sloughing on face  
Both eyes swollen shut**

## PHYSICAL FINDINGS:

**Resp: Audible  
snoring/wheezing, blue lips,  
chest not expanding, no breath  
sounds through stethoscope  
Pulse: 40  
BP: 78 by palpation**

## OTHER PATIENT INFORMATION:

**Unconscious; unresponsive  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground  
Severe graying skin  
Skin sloughing on face  
Both eyes swollen shut  
Coughing  
Difficulty breathing  
Displaying symptoms of shock**

## PHYSICAL FINDINGS:

**Resp: Audible wheezing, blue  
lips, chest not expanding, no  
breath sounds through  
stethoscope  
Pulse: 120  
BP: 78 by palpation**

## OTHER PATIENT INFORMATION:

**Confused; knows name, but  
not location or time  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red  
☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Grayish areas of deadened  
skin and burns to shins, both  
arms, and entire face  
Soot evident to inside of mouth  
Coughing  
Rubbing eyes**

## PHYSICAL FINDINGS:

**Resp: 34, labored  
Pulse: 124  
BP: 100/60**

## OTHER PATIENT INFORMATION:

**Unable to see or hear (loss of  
glasses and hearing-aid)  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Burning, itching, stinging  
sensation to back of head,  
both ears, and both arms  
Burning sensation to all  
exposed skin  
Complaining of severe pain  
Tightness in the chest**

## PHYSICAL FINDINGS:

**Resp: 40  
Pulse: 80  
BP: 150/70**

## OTHER PATIENT INFORMATION:

**Anxious  
Aware; knows name, location,  
and time but unable to follow  
commands  
Running and screaming**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Reddening of face and palms  
of both hands  
Complaining of headache,  
nausea, and severe pain to  
face and hands  
Vomiting**

## PHYSICAL FINDINGS:

**Resp: 12, shallow, burning  
pain in throat, hoarse  
Pulse: 100  
BP: 110/80**

## OTHER PATIENT INFORMATION:

**Confused; unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Burns to back of head, both  
ears, and back of both upper  
arms  
Burning sensation to trunk and  
bilateral thighs**

## PHYSICAL FINDINGS:

**Resp: 34  
Pulse: 140  
BP: 100/78**

## OTHER PATIENT INFORMATION:

**Anxious  
Aware; knows name, location,  
and time  
In extreme pain and screaming,  
"Get it off, it burns!"  
Running**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Burning, itching, stinging  
sensation to back of head,  
both ears, and face  
Complaining of severe pain  
Tightness in the chest**

## PHYSICAL FINDINGS:

**Resp: 40, Audible wheezes  
Pulse: 100  
BP: 110/90**

## OTHER PATIENT INFORMATION:

**Anxious and confused  
Unable to follow commands  
Running and screaming**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground, not moving  
Shrapnel protruding from right  
arm with red inflamed area  
surrounding it  
Swollen eyes  
Dead, gray and reddened skin  
areas on face and both arms**

## PHYSICAL FINDINGS:

**Resp: 6 and shallow  
Audible crackling and  
wheezing  
Pulse: 140  
BP: 82/76**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning  
Unable to walk**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to?  
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2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground, not moving  
Shrapnel protruding from left  
upper quadrant with red  
inflamed area surrounding it**

## PHYSICAL FINDINGS:

**Resp: 32 and shallow  
Audible crackling and  
wheezing  
Pulse: 132  
BP: 90/60**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground, not moving  
Head injury  
Dead, gray and reddened skin  
in exposed areas**

## PHYSICAL FINDINGS:

**Resp: 25 and erratic  
audible crackling and  
wheezing  
Pulse: 54  
BP: 180/112**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shrapnel protruding from left  
middle chest area, bleeding  
profusely**

**Complaints of severe chest pain**

**Burns on back of both hands, soot  
evident on lips**

**Raspy voice, trachea deviated and  
neck veins distended**

**Whites of eyes are reddened and  
watering**

**Extremely pale and sweating**

## PHYSICAL FINDINGS:

**Resp: 28  
Pulse: 150  
BP: 82/62**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground, not moving  
Shrapnel on face and body  
Dead, gray and reddened skin  
areas on both arms**

## PHYSICAL FINDINGS:

**Resp: 20 and shallow  
audible crackling  
Pulse: 124  
BP: 92/64**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground, not moving  
Large piece of shrapnel  
protruding from right thigh  
with red inflamed area  
surrounding it  
Dead, gray and reddened skin  
areas on both arms**

## PHYSICAL FINDINGS:

**Resp: 7 and shallow; audible  
crackling and wheezing  
Pulse: 122  
BP: 90/60**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground, not moving  
Large shrapnel piece  
protruding from right lower  
abdominal quadrant with red  
inflamed area surrounding it  
Swollen eyes  
Dead, gray and reddened skin  
areas on face and both arms**

## PHYSICAL FINDINGS:

**Resp: 6 and shallow; audible  
crackling and wheezing  
Pulse: 136  
BP: 88/76**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to?  
\_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground, not moving  
Large shrapnel piece  
protruding from left lower  
abdominal quadrant with red  
inflamed area surrounding it  
Swollen eyes**

## PHYSICAL FINDINGS:

**Resp: 10 and shallow  
audible crackling  
Pulse: 144  
BP: 84/78**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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\_\_\_\_\_

### Hospital (if applicable)

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2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**On ground, not moving  
Large shrapnel piece  
protruding from right upper  
arm with red inflamed area  
surrounding it  
Swollen eyes  
Dead, gray and reddened skin  
areas on face**

## PHYSICAL FINDINGS:

**Resp: 8 and shallow, audible  
wheezing  
Pulse: 128  
BP: 94/86**

## OTHER PATIENT INFORMATION:

**Unresponsive  
Unable to follow commands  
Moaning only  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Not moving  
Unconscious  
Not breathing**

## PHYSICAL FINDINGS:

**Resp: None  
Pulse: None  
BP: None**

## OTHER PATIENT INFORMATION:

**None**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Pinpoint pupils  
Headache  
Excessive drooling  
Runny nose  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 90  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
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**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Pinpoint pupils  
Headache  
Excessive drooling  
Runny nose  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 80  
BP: 140/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
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  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Pinpoint pupils  
Headache  
Excessive drooling  
Runny nose  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 25  
Pulse: 75  
BP: 190/100**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
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\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Pinpoint pupils  
Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 100  
BP: 112/70**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Pinpoint pupils  
Headache  
Excessive drooling  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 80  
BP: 124/74**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
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### Hospital (if applicable)

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2. Once at the hospital, how long was it until someone examined you?  
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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Pinpoint pupils  
Headache  
Runny nose  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 90  
BP: 148/92**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 92  
BP: 134/94**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Pinpoint pupils  
Excessive drooling  
Runny nose  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 86  
BP: 130/88**

## OTHER PATIENT INFORMATION:

**Aware and anxious; knows  
name, location, and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 80  
BP: 110/80**

## OTHER PATIENT INFORMATION:

**Awake; nonverbal  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 90  
BP: 120/78**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 15  
Pulse: 88  
BP: 122/74**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 90  
BP: 140/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 80  
BP: 110/70**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 90  
BP: 120/84**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 15  
Pulse: 72  
BP: 110/70**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 100  
BP: 130/70**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Headache  
Excessive drooling  
Runny nose**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 90  
BP: 130/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Concerned and disoriented  
Chest tightness  
Cramping in extremities**

## PHYSICAL FINDINGS:

**Resp: 35  
Pulse: 130  
BP: 130/75**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Muscle twitching  
Nausea**

## PHYSICAL FINDINGS:

**Resp: 28  
Pulse: 84  
BP: 110/70**

## OTHER PATIENT INFORMATION:

**Drowsy  
Confused  
Unsteady on feet**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Excessive sweating  
Disorientation  
Drooling**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 88  
BP: 124/82**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Blurred vision  
Slurred speech  
Pinpointed pupils**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 60  
BP: 110/68**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Staggering**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Lightheaded**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 70  
BP: 110/60**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Unusual gait**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Complaining of headache  
Lightheadedness**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 120  
BP: 120/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Excited and anxious  
Vomiting  
Pinpointed pupils**

## PHYSICAL FINDINGS:

**Resp: 26  
Pulse: 64  
BP: 120/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Abdominal cramps  
Diarrhea  
Pinpointed pupils**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 62  
BP: 110/74**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location  
Unsteady on feet**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Muscle twitching  
Severe weakness**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 60  
BP: 94/72**

## OTHER PATIENT INFORMATION:

**Confused; does not know  
name or location  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Excited and anxious  
Vomiting  
Pinpointed pupils**

## PHYSICAL FINDINGS:

**Resp: 26  
Pulse: 64  
BP: 120/80**

## OTHER PATIENT INFORMATION:

**Confused; does not know  
name or location  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 110  
BP: 142/94**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
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\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 92  
BP: 138/86**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 25  
Pulse: 110  
BP: 90/60**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 25  
Pulse: 110  
BP: 100/72**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
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Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 90  
BP: 160/100**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 15  
Pulse: 100  
BP: 140/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 25  
Pulse: 110  
BP: 100/72**

## OTHER PATIENT INFORMATION:

**Aware; knows name only  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
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### Hospital (if applicable)

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Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 10, gurgling  
Pulse: 80  
BP: 120/60**

## OTHER PATIENT INFORMATION:

**Aware; knows name only  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Shortness of breath  
Sweating  
Nausea and vomiting  
Diarrhea  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 84  
BP: 110/78**

## OTHER PATIENT INFORMATION:

**Aware; knows name only  
Able to walk**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Bluish lips/fingers  
Pinpoint pupils  
Difficulty breathing  
Clammy skin**

## PHYSICAL FINDINGS:

**Resp: 16, shallow  
Pulse: 40  
BP: 90/P**

## OTHER PATIENT INFORMATION:

**Unconscious  
Unresponsive  
Unable to walk**

## Actor Exercise Assessment Form

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### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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### Hospital (if applicable)

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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Bluish skin color  
Pinpoint pupils  
Difficulty breathing  
Clammy skin**

## PHYSICAL FINDINGS:

**Resp: 12, shallow  
Pulse: 60  
BP: 94/P**

## OTHER PATIENT INFORMATION:

**Responds to pain  
Unconscious  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Bluish lips/fingers  
Pinpoint pupils  
Difficulty breathing  
Clammy skin**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 72  
BP: 100/80**

## OTHER PATIENT INFORMATION:

**Conscious  
Disoriented  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Runny nose/eyes  
Pinpoint pupils  
Difficulty breathing  
Clammy skin**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 64  
BP: 128/72**

## OTHER PATIENT INFORMATION:

**Confused  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Runny nose/eyes  
Pinpoint pupils  
Difficulty breathing  
Muscular twitching**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 84  
BP: 142/94**

## OTHER PATIENT INFORMATION:

**Aware; only knows name  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Pinpoint pupils  
Difficulty breathing  
Diarrhea**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 82  
BP: 117/84**

## OTHER PATIENT INFORMATION:

**Aware; knows name, place,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Blue lips/fingers  
Pinpoint pupils  
Difficulty breathing  
Clammy skin**

## PHYSICAL FINDINGS:

**Resp: 20, shallow  
Pulse: 96  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Disoriented  
Unresponsive  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Muscular twitching  
Pinpoint pupils  
Difficulty breathing  
Nausea**

## PHYSICAL FINDINGS:

**Resp: 16, labored  
Pulse: 84  
BP: 106/86**

## OTHER PATIENT INFORMATION:

**Aware; knows name, place,  
and time  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Sweating**  
**Pinpoint pupils**  
**Difficulty breathing**  
**Nausea**

## PHYSICAL FINDINGS:

**Resp: 32**  
**Pulse: 100**  
**BP: 142/94**

## OTHER PATIENT INFORMATION:

**Panicked**  
**Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red  
☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!**  
**DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE “VICTIM” SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Nausea and vomiting  
Abdominal cramps  
Muscular twitching  
Pinpoint pupils  
(Head injuries)**

## PHYSICAL FINDINGS:

**Resp: 10 and erratic  
Pulse: 54  
BP: 180/120**

## OTHER PATIENT INFORMATION:

**Rigid abdomen  
Able to walk with assistance**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Nausea and vomiting  
Abdominal cramps  
Muscular twitching  
(Head injuries)**

## PHYSICAL FINDINGS:

**Resp: 6  
Pulse: 60  
BP: 88/64**

## OTHER PATIENT INFORMATION:

**Blown right pupil  
Responds to pain  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Nausea and vomiting  
Abdominal cramps  
Muscular twitching  
Pinpoint pupils  
(Head injuries)**

## PHYSICAL FINDINGS:

**Resp: 8  
Pulse: 38  
BP: 130/112**

## OTHER PATIENT INFORMATION:

**Bleeding from ears**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Nausea and vomiting  
Abdominal cramps  
Pinpoint pupils  
Broken right leg**

## PHYSICAL FINDINGS:

**Resp: 28  
Pulse: 130  
BP: 90/60**

## OTHER PATIENT INFORMATION:

**Right leg open fracture**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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\_\_\_\_\_

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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Abdominal cramps  
Muscular twitching  
Pinpoint pupils  
Broken left arm**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 110  
BP: 148/100**

## OTHER PATIENT INFORMATION:

**Conscious**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Nausea and vomiting  
Abdominal cramps  
Muscular twitching  
Broken right arm**

## PHYSICAL FINDINGS:

**Resp: 15  
Pulse: 100  
BP: 154/110**

## OTHER PATIENT INFORMATION:

**Conscious**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Nausea and vomiting  
Muscular twitching  
Pinpoint pupils  
(Cuts and bruises)**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 102  
BP: 100/88**

## OTHER PATIENT INFORMATION:

**Unable to see  
Ringing in ears**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Nausea and vomiting  
Abdominal cramps  
Muscular twitching  
Pinpoint pupils  
(Head injury)**

## PHYSICAL FINDINGS:

**Resp: 12 and erratic  
Pulse: 54  
BP: 180/130**

## OTHER PATIENT INFORMATION:

**Bleeding from ears**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Nausea and vomiting  
Muscular twitching  
Pinpoint pupils  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 12 and shallow  
Pulse: 140  
BP: 88/76**

## OTHER PATIENT INFORMATION:

**Sucking chest wound  
Conscious**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Nausea and vomiting  
Pinpoint pupils  
Head injury  
Bleeding from ears**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 48  
BP: 176/100**

## OTHER PATIENT INFORMATION:

**Unable to see  
Unable to hear**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Nausea and vomiting  
Muscular twitching  
Open fracture of right femur**

## PHYSICAL FINDINGS:

**Resp: 10  
Pulse: 100  
BP: 84/P**

## OTHER PATIENT INFORMATION:

**Severe bleeding from right  
leg**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Nausea and vomiting  
Abdominal cramps  
Muscular twitching  
Pinpoint pupils  
8-inch cut on forearm  
Fist size bruise on back of  
neck**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 62  
BP: 144/90**

## OTHER PATIENT INFORMATION:

**Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Nausea and vomiting  
Burns to front of torso and  
face**

## PHYSICAL FINDINGS:

**Resp: 12  
Pulse: 112  
BP: 110/77**

## OTHER PATIENT INFORMATION:

**Unable to see  
Unable to hear**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Abdominal cramps  
Muscular twitching  
Broken left forearm**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 122  
BP: 130/82**

## OTHER PATIENT INFORMATION:

**No pulse in broken arm**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Clammy skin  
Nausea and vomiting  
Muscular twitching  
Pinpoint pupils  
Several cuts and bruises on  
legs**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 110  
BP: 86/64**

## OTHER PATIENT INFORMATION:

**Minor bleeding on legs  
Able to walk with assistance**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. 1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Nausea and vomiting  
Abdominal cramps  
Extensive swelling on  
forehead  
Bleeding from nose**

## PHYSICAL FINDINGS:

**Resp: 12  
Pulse: 72  
BP: 134/120**

## OTHER PATIENT INFORMATION:

**Confused**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Abdominal cramps  
Muscular twitching  
Pinpoint pupils  
Bleeding from nose  
Broken left arm and leg**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 120  
BP: 106/70**

## OTHER PATIENT INFORMATION:

**Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. 1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Nausea and vomiting  
Abdominal cramps  
Muscular twitching  
Extensive cuts and bruises  
on Hands, arms, and legs**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 96  
BP: 117/78**

## OTHER PATIENT INFORMATION:

**Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. 1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you?  
\_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you?  
\_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow  
☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. 2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious and confused**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 84  
BP: 124/82**

## OTHER PATIENT INFORMATION:

**Able to walk  
Able to follow directions  
Aware; knows name and  
location but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Crying and confused**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 78  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Able to walk but unwilling  
Unable to follow directions  
Aware; knows name only**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Combative**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 86  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk but unwilling  
Aware; knows name, location,  
and time**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Confused  
Complaining of being cold**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 64  
BP: 120/70**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name only**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Crying  
Frantic  
Complaining of sharp pains  
all over**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 90  
BP: 126/82**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Complaining of nausea and  
lightheadedness**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 80  
BP: 114/90**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Paranoid  
Complaining of  
lightheadedness**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 78  
BP: 112/82**

## OTHER PATIENT INFORMATION:

**Able to follow directions but  
unwilling  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Combative**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 92  
BP: 134/90**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Complaining of a variety of  
unrelated symptoms**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Screaming**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 86  
BP: 124/88**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Concerned and frantic  
Complaining of a variety of  
unrelated symptoms**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 72  
BP: 136/94**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Concerned and frantic  
Complaining of a variety of  
unrelated symptoms**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 78  
BP: 126/80**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Concerned and frantic  
Complaining of being cold**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 72  
BP: 142/90**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Complaining of a headache**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 68  
BP: 134/82**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Complaining of being hot**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 68  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Upset  
Victim has family in the area**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 90  
BP: 140/90**

## OTHER PATIENT INFORMATION:

**Extremely anxious  
Aware; knows name, location**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Crying  
Victim has friends in the area**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 80  
BP: 136/84**

## OTHER PATIENT INFORMATION:

**Extremely anxious  
Aware; knows name, location,  
and time**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Upset  
Victim has daughter in the  
area  
Shows no signs of exposure**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 80  
BP: 130/88**

## OTHER PATIENT INFORMATION:

**Extremely anxious  
Aware; knows name, location,  
and time**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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\_\_\_\_\_

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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Confused  
Keeps pointing toward head**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 81  
BP: 128/88**

## OTHER PATIENT INFORMATION:

**Able to walk  
Does not speak English**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Combative**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 92  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Able to walk but unwilling  
Able to follow directions  
Aware; knows name, location,  
and time**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
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☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Confused  
Crying**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 100  
BP: 138/84**

## OTHER PATIENT INFORMATION:

**Unable to follow directions  
Aware; knows name only**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Excited and anxious  
Vomiting  
Pinpointed pupils**

## PHYSICAL FINDINGS:

**Resp: 26  
Pulse: 64  
BP: 120/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Concerned and frantic  
Complaining of being hot**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 68  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Aware; knows name, location,  
and time but slow to respond  
Able to follow directions  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Complaining of headache  
Lightheadedness  
Broken bones**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 120  
BP: 120/80**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Muscle twitching  
Nausea**

## PHYSICAL FINDINGS:

**Resp: 28  
Pulse: 84  
BP: 110/70**

## OTHER PATIENT INFORMATION:

**Drowsy  
Confused  
Unsteady on feet**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Excessive sweating  
Disorientation  
Drooling**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 88  
BP: 124/82**

## OTHER PATIENT INFORMATION:

**Aware; knows name  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Lightheaded**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 70  
BP: 110/60**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red  
☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Abdominal cramps  
Diarrhea  
Pinpointed pupils**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 62  
BP: 110/74**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Unconscious  
Pale and clammy skin  
Seizures**

## PHYSICAL FINDINGS:

**Resp: 4  
Pulse: 48  
BP: 80/60**

## OTHER PATIENT INFORMATION:

**Unconscious, unresponsive  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

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# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Unconscious  
Loss of reflexes  
Difficulty breathing**

## PHYSICAL FINDINGS:

**Resp: 6  
Pulse: 46  
BP: 84/68**

## OTHER PATIENT INFORMATION:

**Unconscious, unresponsive  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Concerned and disoriented  
Chest tightness  
Cramping in extremities**

## PHYSICAL FINDINGS:

**Resp: 35  
Pulse: 130  
BP: 130/75**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location and time but slow to  
respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Blurred vision  
Slurred speech  
Pinpointed pupils**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 60  
BP: 110/68**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Difficulty breathing  
Drooling  
Burns**

## PHYSICAL FINDINGS:

**Resp: 32  
Pulse: 58  
BP: 100/70**

## OTHER PATIENT INFORMATION:

**Confused; responds to name  
only  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Muscle twitching  
Severe weakness  
Compound fracture**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 60  
BP: 94/72**

## OTHER PATIENT INFORMATION:

**Confused; does not know  
name or location  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Head injury with bleeding  
Vomiting  
Pale and clammy skin  
Periodic seizures**

## PHYSICAL FINDINGS:

**Resp: 2  
Pulse: 40  
BP: None**

## OTHER PATIENT INFORMATION:

**Unconscious, unresponsive  
Unable to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

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If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 110  
BP: 140/90**

## OTHER PATIENT INFORMATION:

**Aware; knows name and  
location  
Able to walk**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious and confused**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 84  
BP: 124/82**

## OTHER PATIENT INFORMATION:

**Able to walk  
Able to follow directions  
Aware; knows name and  
location but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
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  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Crying and confused**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 78  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Able to walk but unwilling  
Unable to follow directions  
Aware; knows name only**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Combative**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 86  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk but unwilling  
Aware; knows name, location,  
and time**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Paranoid  
Complaining of  
lightheadedness**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 78  
BP: 112/82**

## OTHER PATIENT INFORMATION:

**Able to follow directions but  
unwilling  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Combative**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 92  
BP: 134/90**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Complaining of a variety of  
unrelated symptoms**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
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2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Screaming**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 86  
BP: 124/88**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Concerned and frantic  
Complaining of a variety of  
unrelated symptoms**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 72  
BP: 136/94**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Concerned and frantic  
Complaining of a variety of  
unrelated symptoms**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 78  
BP: 126/80**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
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**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Complaining of a headache**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 68  
BP: 134/82**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location,  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red  
☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Complaining of being hot**

## PHYSICAL FINDINGS:

**Resp: 14  
Pulse: 68  
BP: 118/72**

## OTHER PATIENT INFORMATION:

**Able to follow directions  
Able to walk  
Aware; knows name, location  
and time but slow to respond**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Upset  
Victim has family in the area**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 90  
BP: 140/90**

## OTHER PATIENT INFORMATION:

**Extremely anxious  
Aware; knows name, location**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Crying  
Victim has friends in the area**

## PHYSICAL FINDINGS:

**Resp: 18  
Pulse: 80  
BP: 136/84**

## OTHER PATIENT INFORMATION:

**Extremely anxious  
Aware; knows name, location,  
and time**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Worried  
Upset**

**Victim has daughter in the area  
Shows no signs of exposure**

## PHYSICAL FINDINGS:

**Resp: 20  
Pulse: 80  
BP: 130/88**

## OTHER PATIENT INFORMATION:

**Extremely anxious  
Aware; knows name, location,  
and time**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

**Exercise Design:** Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT LOSE THIS CARD!  
DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!



# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Confused  
Keeps pointing toward head**

## PHYSICAL FINDINGS:

**Resp: 16  
Pulse: 81  
BP: 128/88**

## OTHER PATIENT INFORMATION:

**Able to walk  
Does not speak English**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red ☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Did you observe any outstanding actions among the response personnel you observed?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
☐ Less than 5 minutes ☐ 5 minutes ☐ 10 minutes ☐ 15 minutes  
☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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A ride has been scheduled to return you to the exercise site.  
If you are not picked up, please call: [Insert number].

Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Angry  
Combative**

## PHYSICAL FINDINGS:

**Resp: 22  
Pulse: 92  
BP: 130/90**

## OTHER PATIENT INFORMATION:

**Able to walk but unwilling  
Able to follow directions  
Aware; knows name, location,  
and time**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
  - b. How long did it take response personnel to begin decontaminating you? \_\_\_\_\_
  - c. Were you examined on the scene more than once? ☐ Yes ☐ No
  - d. Whom did you talk to, or whom were you assessed by (list all)?  
☐ Fire ☐ EMS ☐ Police ☐ Other \_\_\_\_\_
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  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_

2. Treatment:
  - a. If conscious, did someone explain your treatment? ☐ Yes ☐ No
  - b. If conscious, were you given clear instructions? ☐ Yes ☐ No
  - c. What treatment was given?  
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\_\_\_\_\_  
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3. Did you observe any outstanding actions among the response personnel you observed?  
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### Hospital (if applicable)

1. Which hospital did you go to? \_\_\_\_\_
2. Once at the hospital, how long was it until someone examined you?  
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☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Thank you for your participation!

# EXERCISE "VICTIM" SYMPTOMATOLOGY TAG

Date of Exercise: [MM/DD/YYYY] Casualty #: \_\_\_\_\_

## VISIBLE SYMPTOMS:

**Anxious  
Confused  
Crying**

## PHYSICAL FINDINGS:

**Resp: 24  
Pulse: 100  
BP: 138/84**

## OTHER PATIENT INFORMATION:

**Unable to follow directions  
Aware; knows name only**

## Actor Exercise Assessment Form

Please complete the following questions at the conclusion of the exercise. This card is to be turned in at the checkout station at the exercise site. Please be accurate with your answers. Your cooperation is important and is appreciated.

### Field Assessment and Treatment:

1. Initial Contact and Triage
  - a. How long did it take response personnel to contact you? \_\_\_\_\_
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  - e. If you received a multicolored triage tag, what was the BOTTOM color when it was first given to you? ☐ Green ☐ Yellow ☐ Red  
☐ Black ☐ Never received a tag
  - f. What actions did response personnel take as a result of their assessment of your condition?  
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\_\_\_\_\_  
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  - c. What treatment was given?  
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☐ Over 15 minutes ☐ I was never examined at the hospital

Exercise Design: Did you observe any problems during your participation in the exercise? What improvements would you suggest?  
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If you are not picked up, please call: [Insert number].

Thank you for your participation!

## HOSPITAL/VICTIM BREAKDOWN LIST

The Hospital/Victim Breakdown List should contain the hospitals that are participating in the exercise, the number of actor victims that will be prestaged at each hospital (if applicable), the number of actor victims that will be transported from the exercise site to each hospital, and the number of victim actors that will be exhibiting various levels of symptoms.

Hospital	Victims at Hospital	Victims Transported from Site	Mild/Moderate	Severe	Severe/Trauma	Psychosomatic
Total						

## PUBLIC ANNOUNCEMENT OF EXERCISE

*[The Public Announcement letter can be distributed to residents surrounding the exercise site to inform them of an upcoming exercise. For large-scale exercises, the announcement can be published in the local newspaper before the exercise. A sample announcement is provided below.]*

[Date]

Dear Area Residents,

Emergency responders will participate in an exercise in your area on [Date]. The exercise is designed to validate and improve your community's response to a crisis situation. The exercise will involve a fictional [Scenario]. Emergency responders will simulate crime scenes and may treat volunteers who are pretending to be victims. The attack is not real; however, the response will be as realistic as possible. Area hospitals, law enforcement, fire and emergency teams, government officials, other government agencies, and private-sector partners will participate.

The areas where the exercise will take place will be clearly marked, but we want to make sure all area residents are aware of the exercise in advance. We ask for your patience and support if the exercise disrupts your daily routine.

There are simple steps that Americans can take now to prepare themselves and their loved ones for a real emergency: make a first aid kit, make a plan, and get informed. By gathering supplies to meet basic needs, discussing what to do during an emergency with your family in advance, and by being aware of the risks and appropriate actions, you will be better prepared for the unexpected and, ultimately, you will help better prepare your community and the country. Please visit [www.ready.gov](http://www.ready.gov) or call 1-800-BE-READY to learn more about preparedness activities.

We thank all area residents for their support of this important exercise. If you have any questions, please contact [Public Information Point of Contact] at [Contact Information].

Sincerely,

[Exercise Director]

## PUBLIC INFORMATION/MEDIA RELEASE

[Date]

*[The Public Information/Media Release should be disseminated to the public and/or media before exercise conduct. It should contain a brief overview of the exercise, including the purpose and scope of the exercise, a synopsis of the scenario (without identifying the threat/hazard/agent), and participating agencies/organizations.]*

### Introduction

[Agency/jurisdiction]'s exercise is a [exercise type]. This exercise will focus primarily on preparing emergency responders to effectively respond to [scenario].

As part of the exercise, the [agency/jurisdiction]'s response to the incident will be examined as well as its interaction with other agencies and assets that will respond. Evaluators will offer comments, which will be compiled in an After Action Report and Improvement Plan with recommendations for future training, equipment, and response procedures.

### Purpose

The purpose of this exercise is to provide participants with an opportunity to evaluate current response concepts, plans, and capabilities for responding to a [scenario]. The exercise will focus on key local emergency responder coordination, critical decisions, and integration of the State and Federal assets necessary to save lives and protect the public following a [scenario].

### Scope

This exercise is a [length of play] interagency exercise focused on the [scenario]. It will be conducted in a no-fault, no inspection, learning environment as a valuable training tool for response personnel.

### Scenario

[Provide a brief description of the scenario.]

### Participants

The following agencies and organizations will participate in the exercise:

- Agency

### Contact Information

For more information on this exercise, please contact:

[Exercise Point of Contact]

## Controller Badges





**EVALUATOR**



**EVALUATOR**



**EVALUATOR**



**EVALUATOR**



**EVALUATOR**



**EVALUATOR**

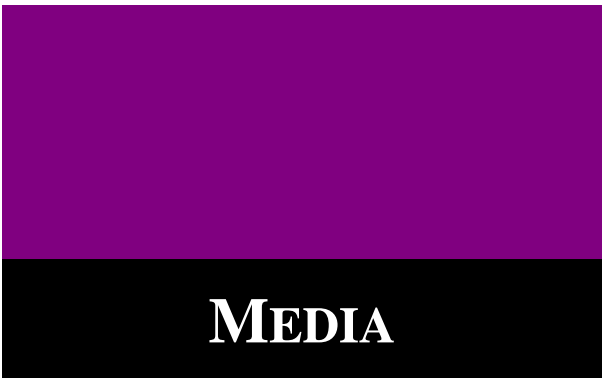
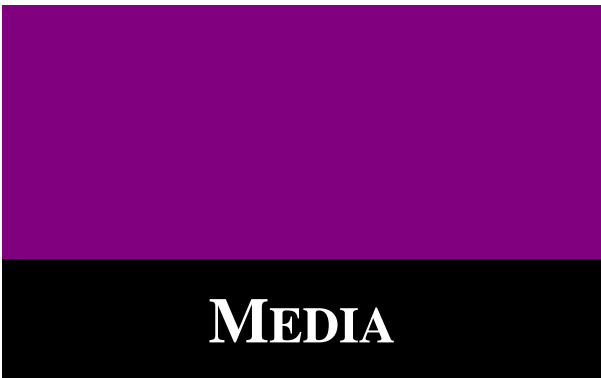
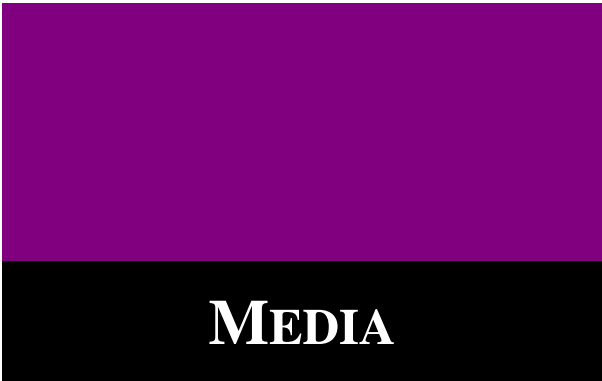
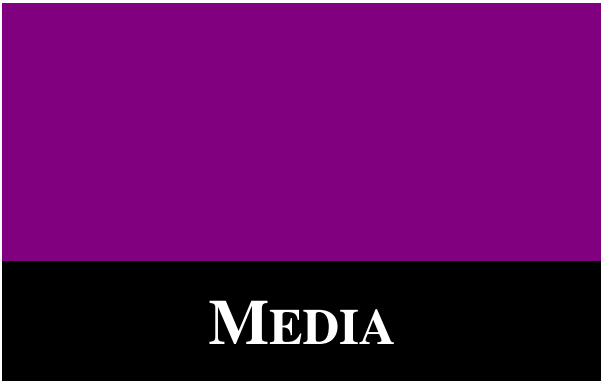
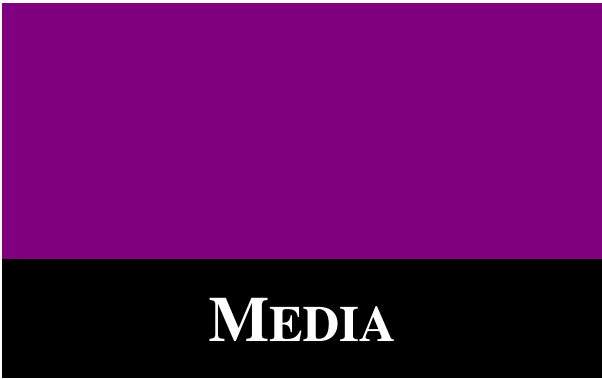
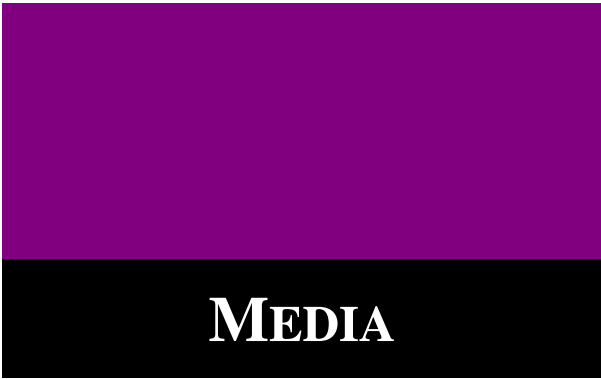
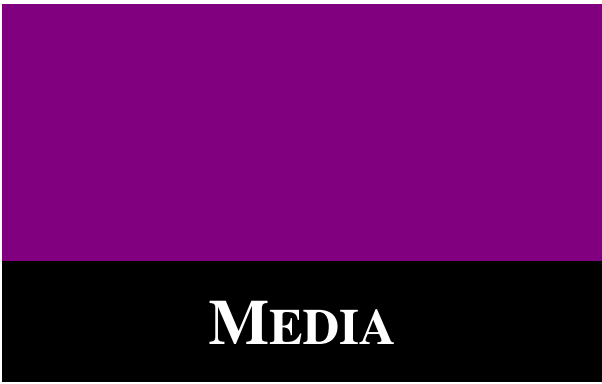
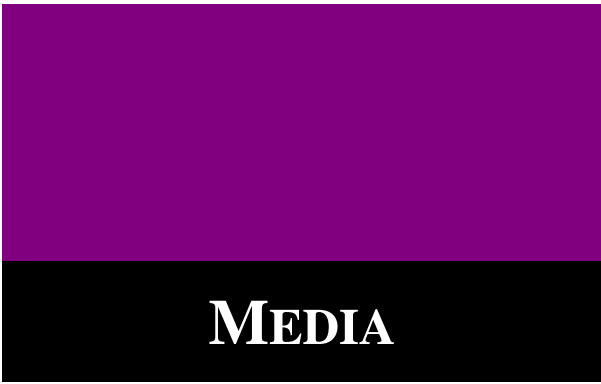


**EVALUATOR**



**EVALUATOR**





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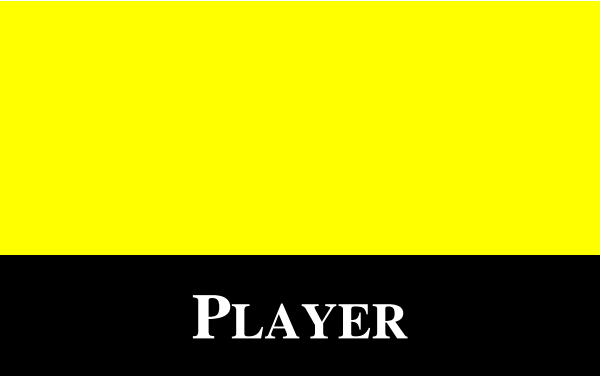
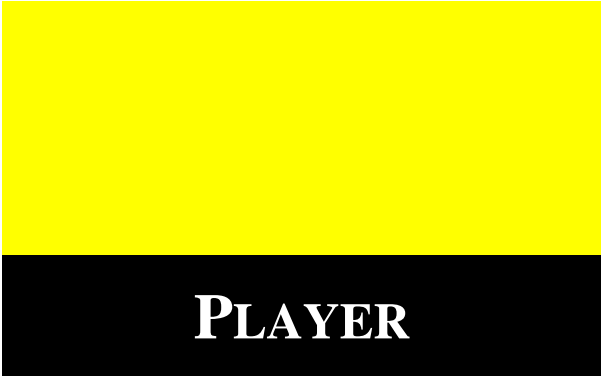
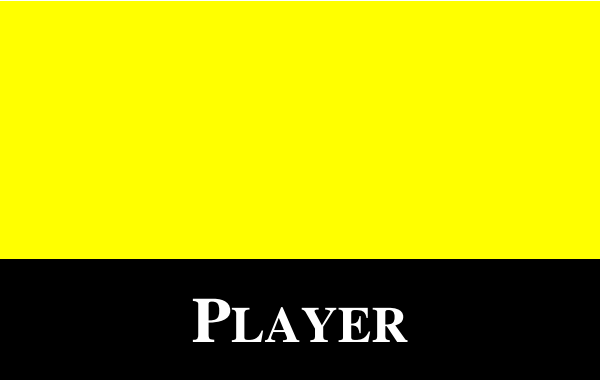
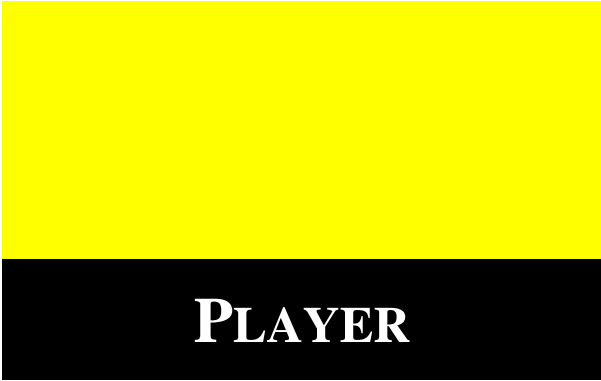
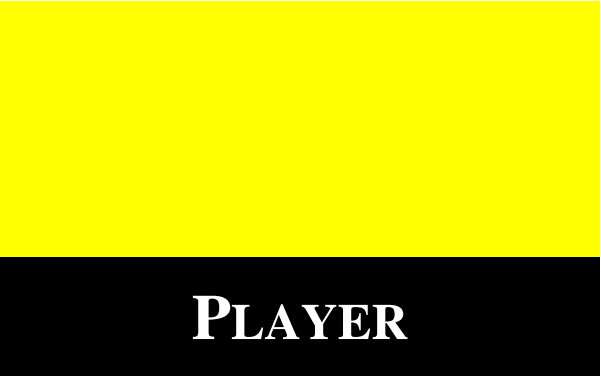
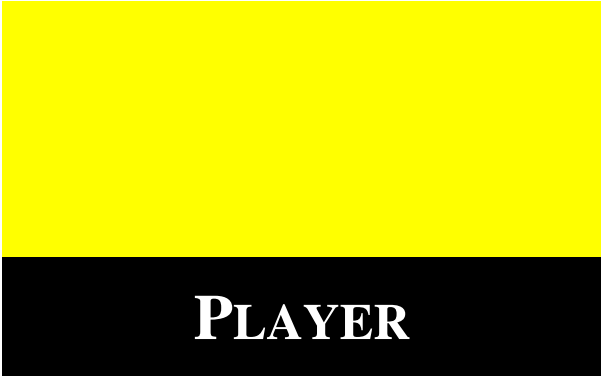
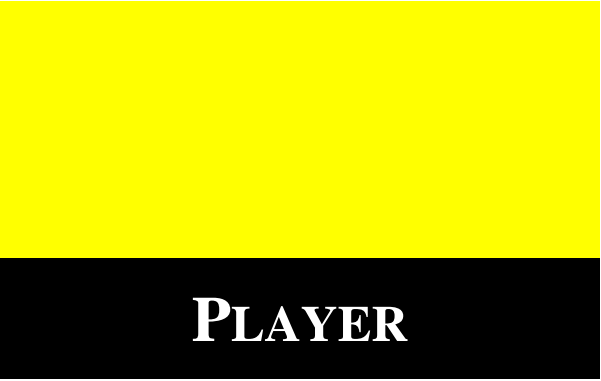
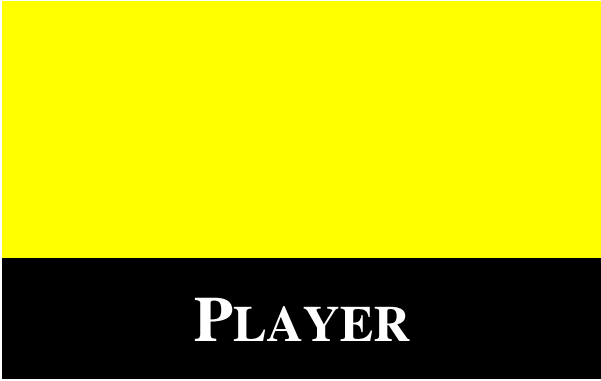
**OBSERVER**

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**OBSERVER**





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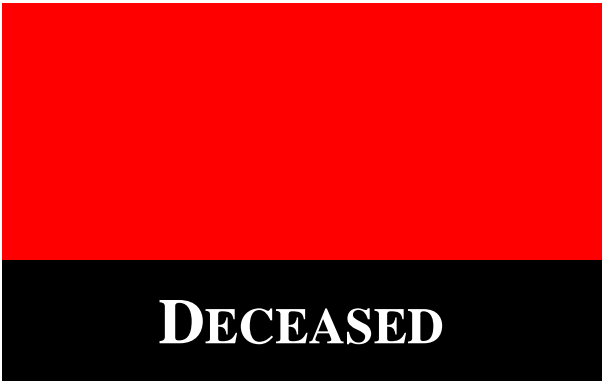
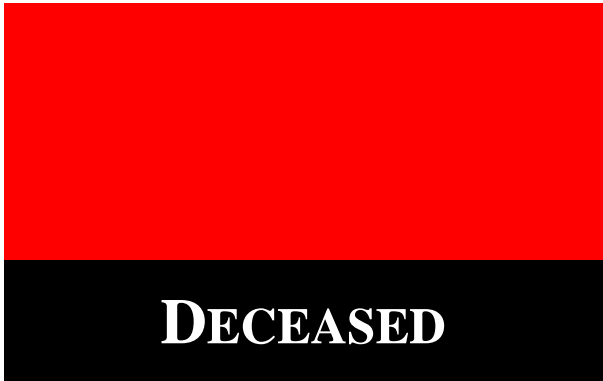
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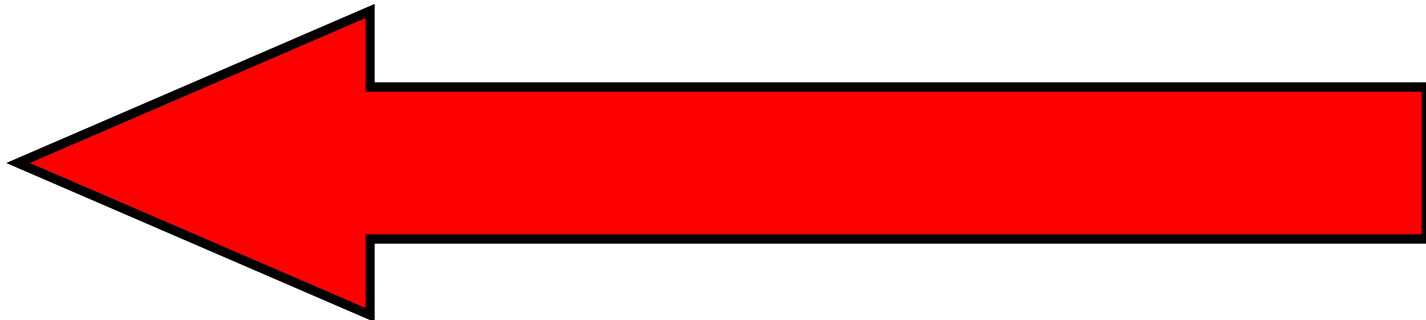
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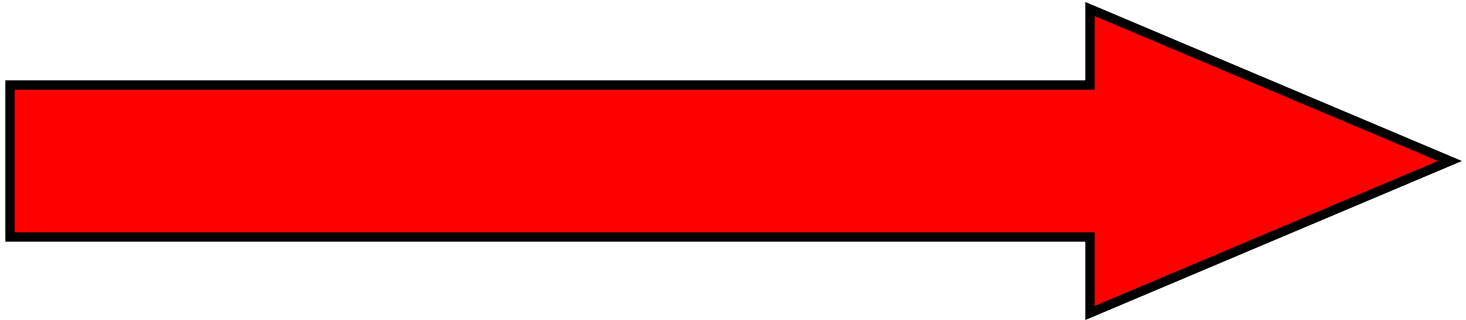


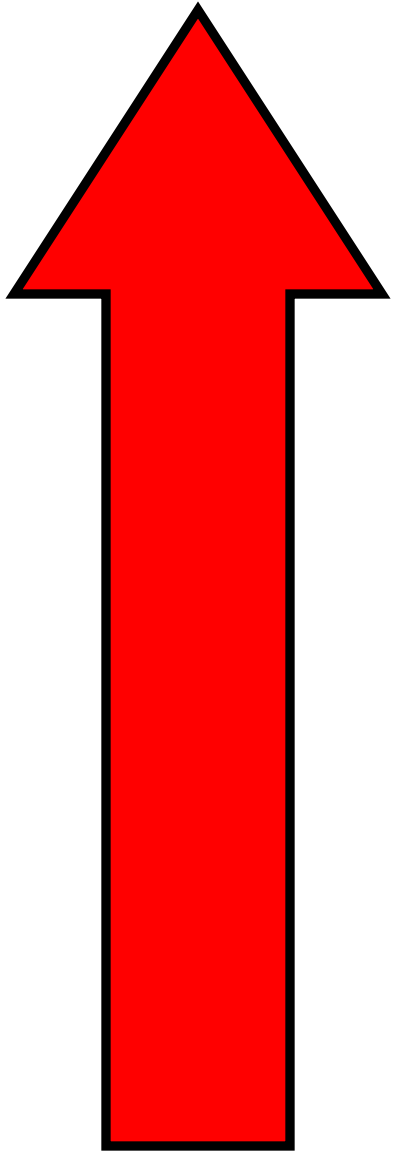


# Actors' Briefing



# Actors' Briefing

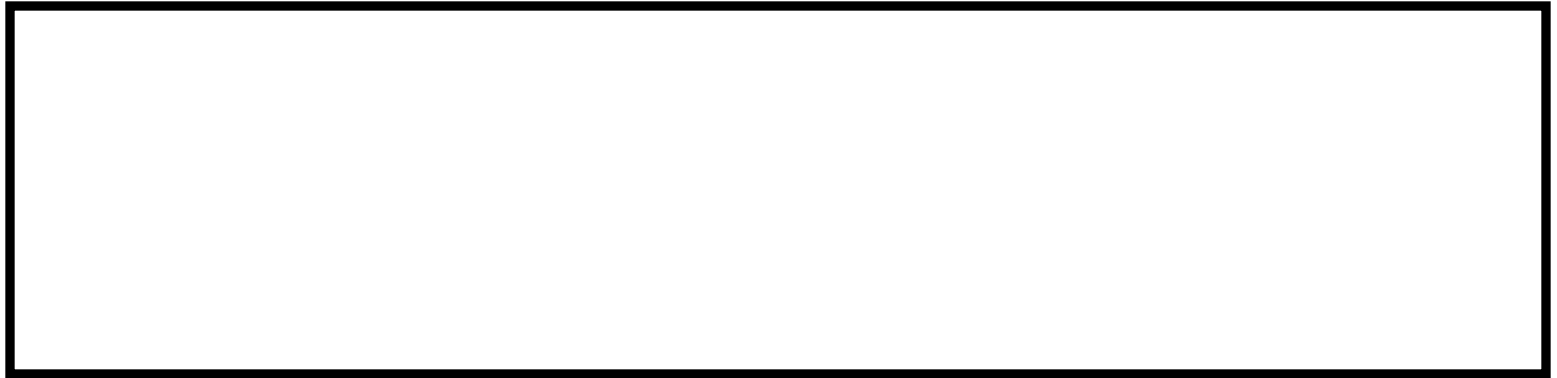




# Actors' Briefing

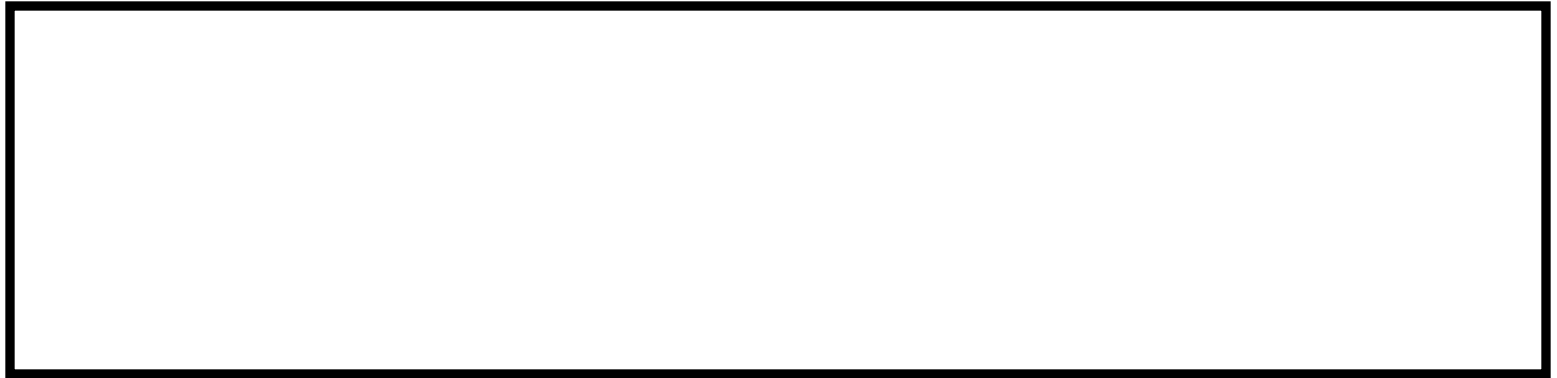
# Actors'

# Briefing



# Actors'

# Briefing



Actors  
Sign In Here

# Actors

- **Please turn in your**
  - **Badge**
  - **Actor Assessment Form**

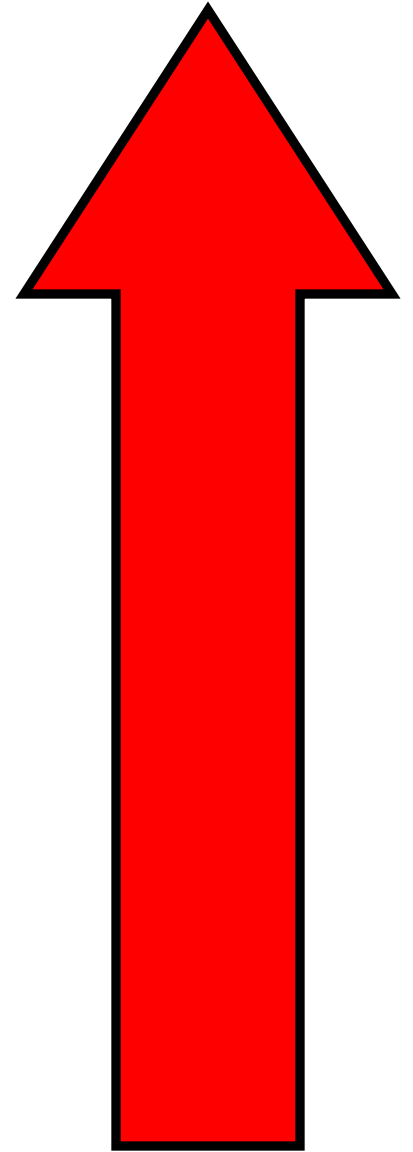
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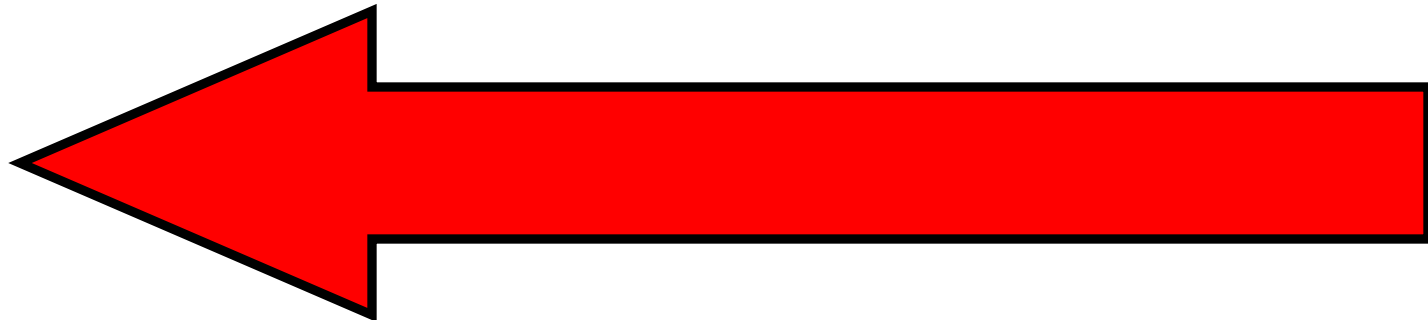
Evaluators  
Sign In Here

Controllers  
Sign In Here

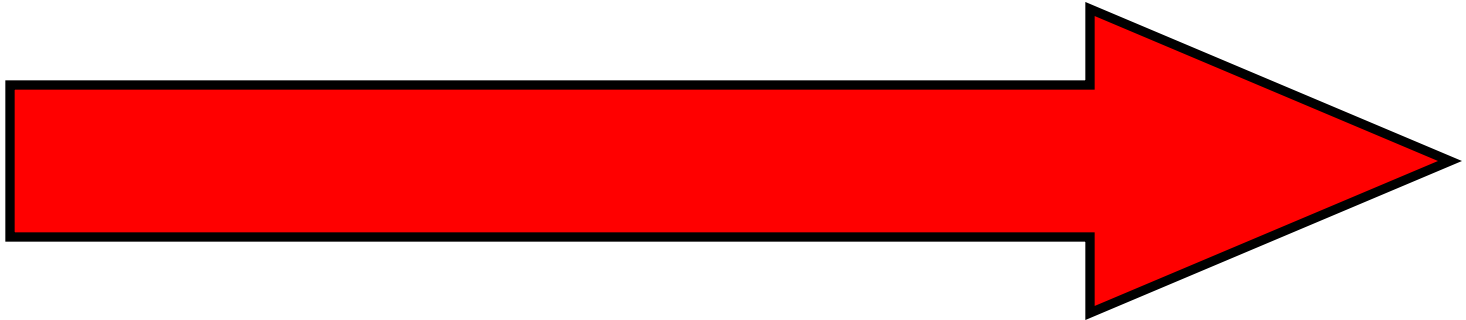
Controller/  
Evaluator  
Orientation



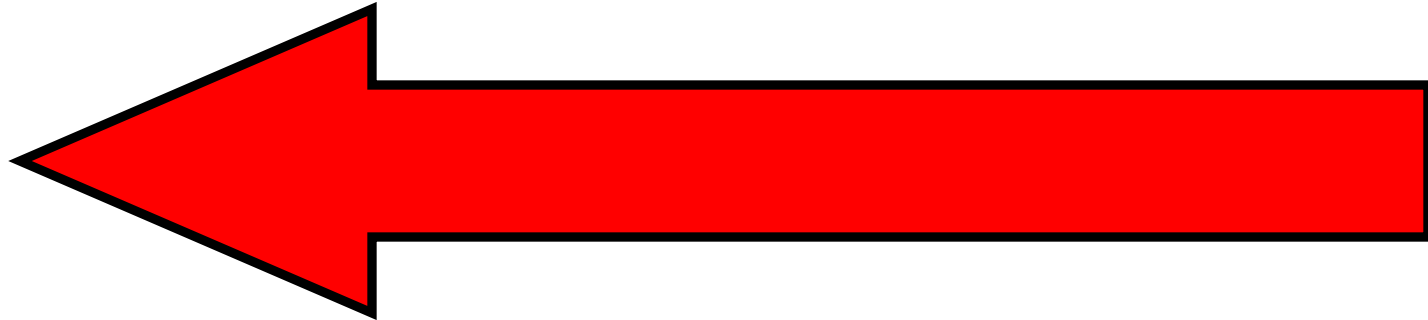
# Controller/ Evaluator Orientation



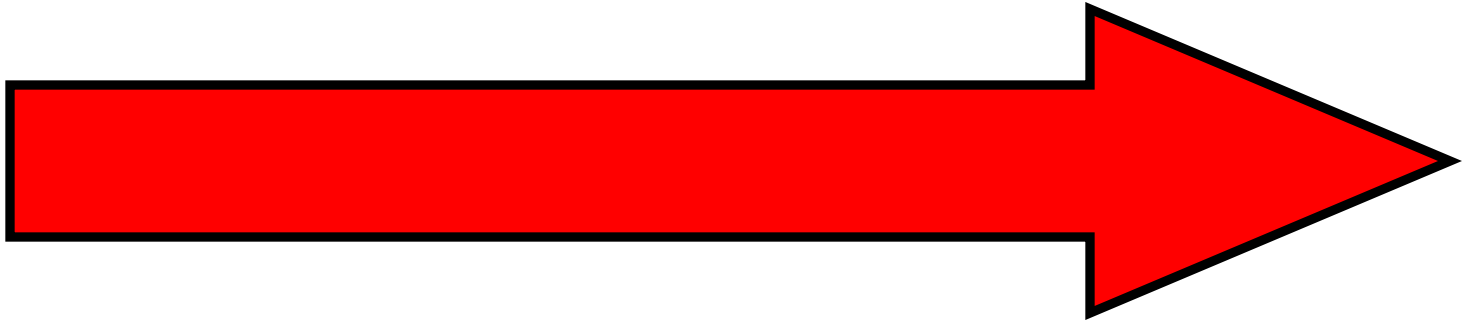
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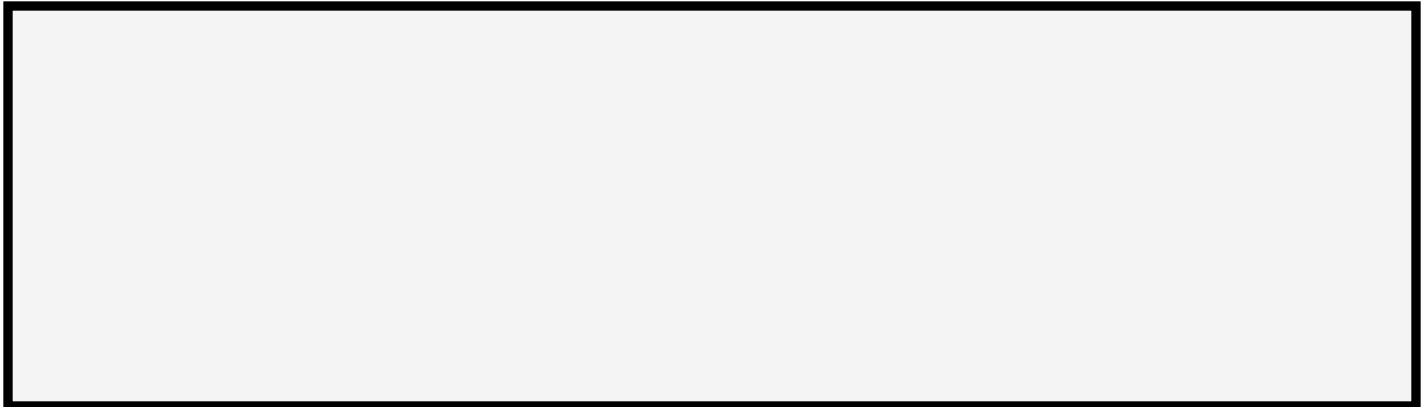
# Controller/ Evaluator Briefing



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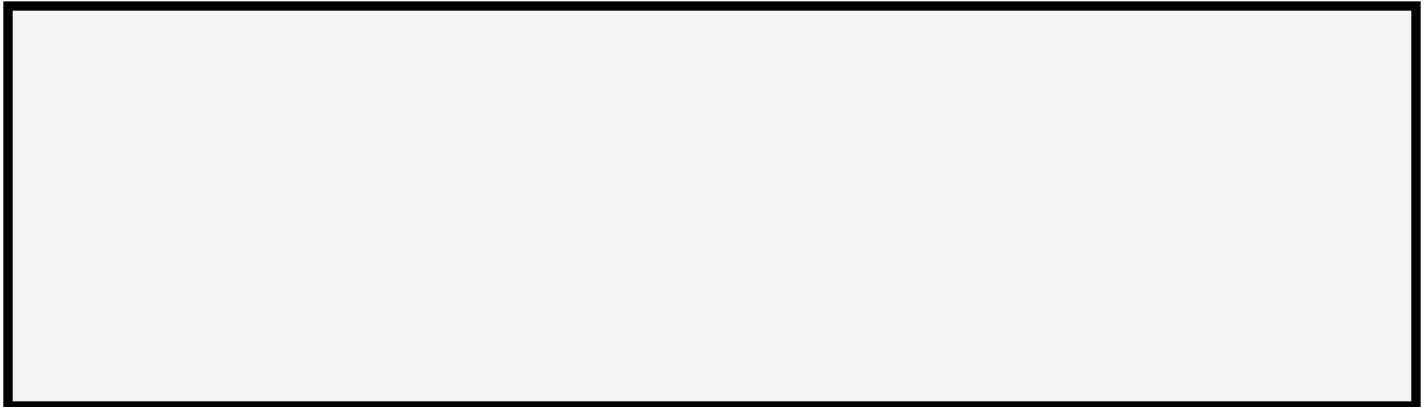


# Controller/ Evaluator Briefing





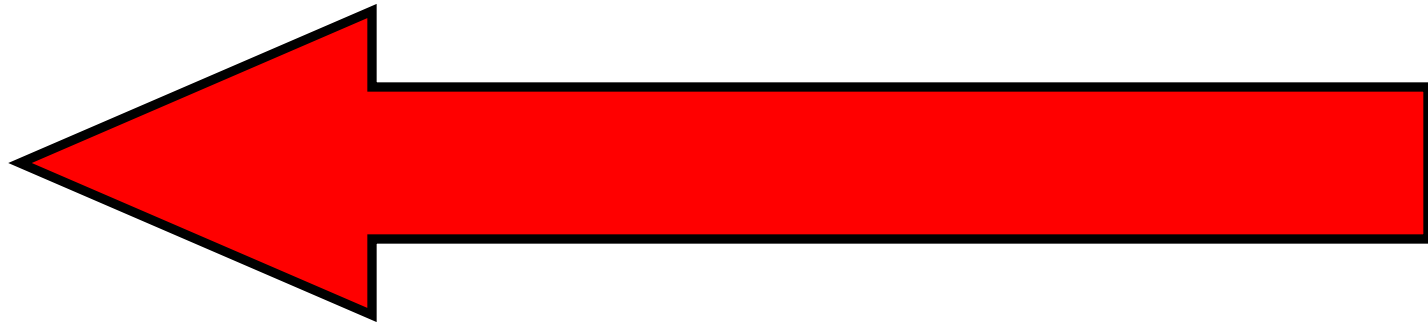
# Controller/ Evaluator Orientation



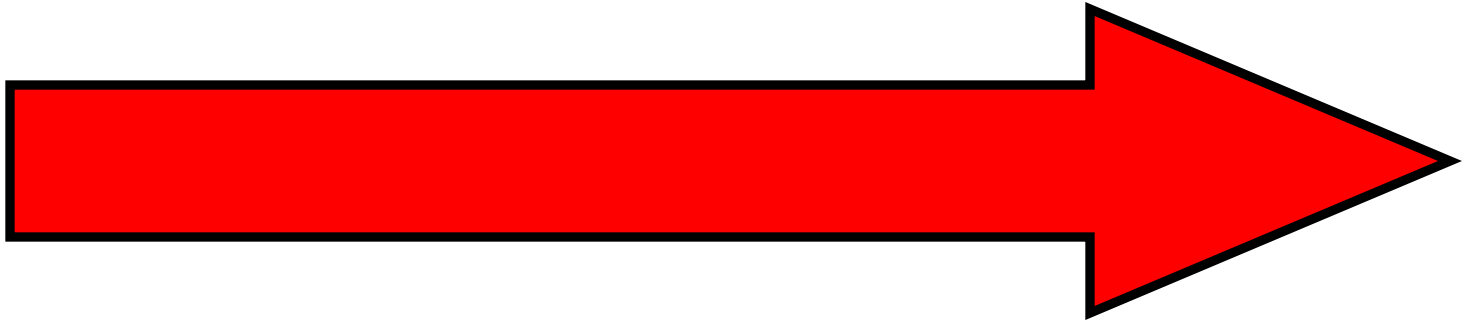
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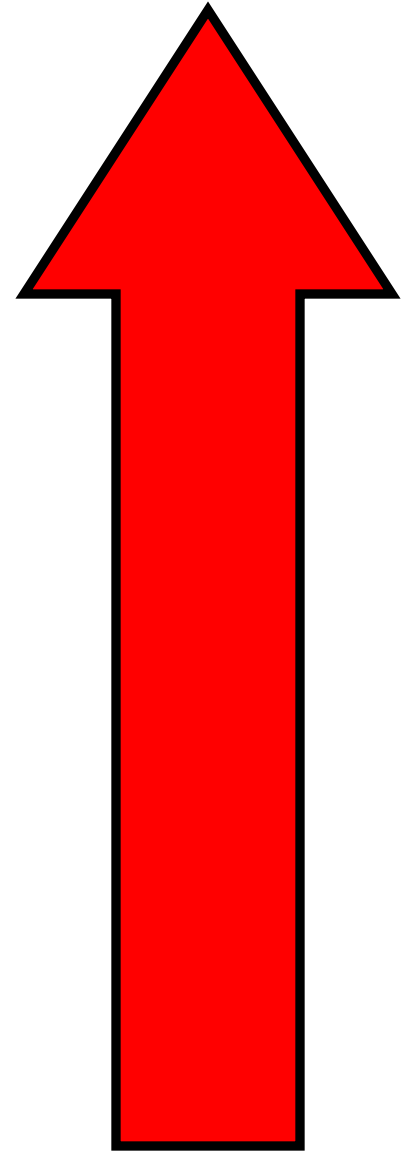
# Simulation Cell



# Simulation Cell



Simulation  
Cell



# Controllers:

## Pick Up These Materials

### Things You'll Keep

- Green Cap
- C/E Handbook
- MSEL, Timeline
- Manila Folder

### Things You'll Turn In

- Controller Badge
- Activity Log Sheets
- Your Feedback Form
- Plastic Envelope

**Get enough Player Feedback Forms to pass out to first responders in your area.**

# Evaluators:

## Pick Up These Materials

### **Things You'll Keep**

- Green Cap
- C/E Handbook
- MSEL, Timeline
- Manila Folder

### **Things You'll Turn In**

- Evaluator Badge
- Evaluation Forms
- Activity Log Sheets
- Your Feedback Form
- Plastic Envelope

**Get enough Player Feedback Forms to pass out to first responders in your area.**

# Controller & Evaluator Materials

## Controllers

- Controller Badge
- Green Cap
- C/E Handbook
- MSEL, Timeline
- Activity Log Sheets
- Player Assessment Form
- Manila Folder
- Plastic Envelope

## Evaluators

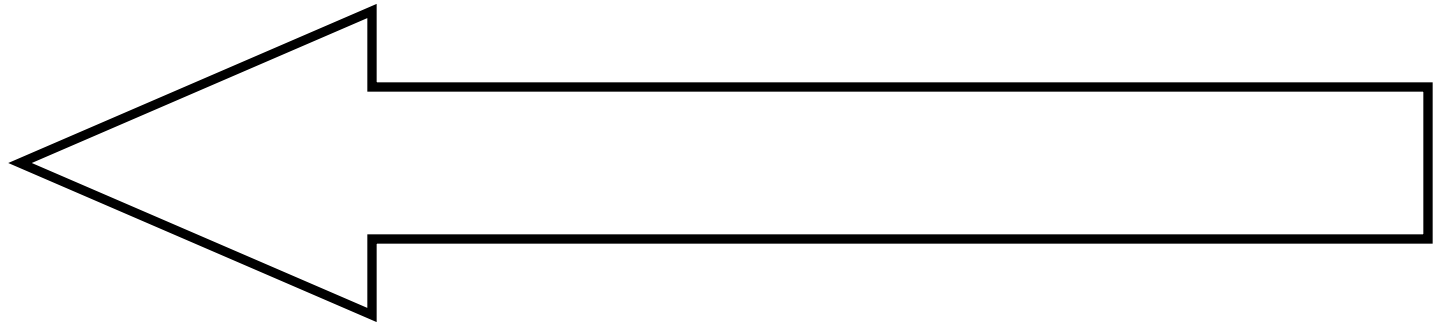
- Evaluator Badge
- Red Cap
- C/E Handbook
- MSEL, Timeline
- Evaluation Forms
- Activity Log Sheets
- Player Assessment Form
- Manila Folder
- Plastic Envelope

*\* Please Return Items in **Red***

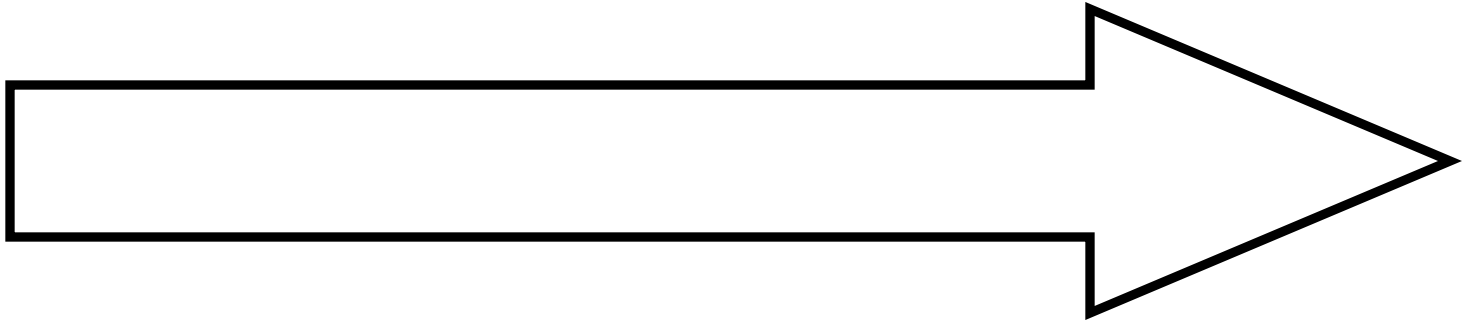


# Observation Area

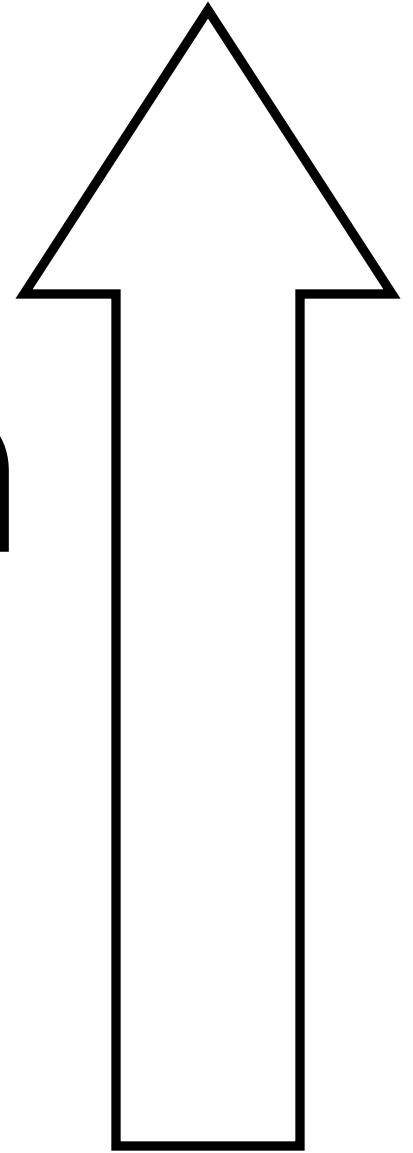
# Observation Area



# Observation Area



Observation  
Area



Observers  
Sign In Here

Media

Sign In Here

# Media Area

# Media Area





# Media Area



Media Area



Return  
Badges and  
Materials  
Here

Restrooms



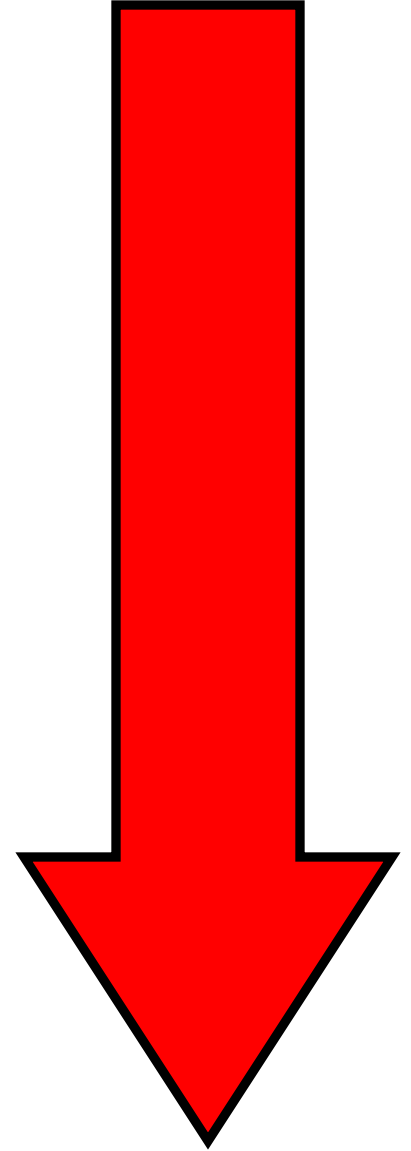
# Restrooms



# Restrooms



Secondary  
Device



[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

### Exercise Invitation

[Exercise Name Continued]

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[Invitee Name]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Date]

Dear [Invitee Name]:

On behalf of [Jurisdiction/Agency], you have been selected to attend the [Exercise Name and Type] being held on [Date], at [Location], located at [Address]. Registration for the exercise begins at [Time]. You have been selected as a [Player, Facilitator, Evaluator]. In order to ensure that adequate arrangements are in place for participants, please RSVP to [Exercise Point of Contact] at [Contact Information].

We anticipate that this exercise will provide an outstanding opportunity to consider possible challenges our community must be prepared to confront in these perilous times. I am confident that you will be as enthusiastic as we are to have this opportunity to challenge ourselves and gain enhanced understanding of our respective missions. I look forward to seeing you at the exercise.

For more information on the details of the exercise, please see the attached information.

Sincerely,

[Agency/Jurisdiction Lead Planner]

Attachments:

Exercise Schedule

Exercise Information Sheet



[Protective Marking]

Homeland Security Exercise and Evaluation Program (HSEEP)

Sign-in Sheet: [Date]

[Full Exercise Name]  
[Exercise Name Continued]

**[EXERCISE NAME] HOT WASH SIGN-IN SHEET**

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

[Section Title]

[Jurisdiction]

# Hospital Debriefing

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Overview

---

- [Exercise type, scenario type]
- No-inspection, no-fault, learning environment



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Objectives

---

- [List exercise objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Players

---

- [List participating agencies and organizations.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Hospital Support Staff

---

- [List participating hospital support staff or organizations.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What Happened Onsite?

---

- [Insert brief, high-level descriptions of events based on evaluator notes.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What Happened Offsite?

---

- [Insert brief, high-level descriptions of events based on evaluator notes.]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Discussion Issues

---

- Notification procedures
- Resources
- Facility security
- Personal protective equipment (PPE)
- Decontamination
- Patient care
- Patient recordkeeping
- Bed tracking
- Pharmaceutical cache and other supplies
- Other planning issues



Insert your  
Organization's  
Logo Here

# How Was the Problem Recognized?

---

- Who (e.g., emergency medical services [EMS], others) recognized the problem?
- What did you do next?
  - Disaster plan implemented? All or part?
  - Clear out beds?
  - Set up decontamination or treatment area(s)?
- Whom did you notify?
- Did you set up a Hospital Incident Command System (HICS)? Sentinel detection system?



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Notification: Did It Work?

---

- **Internal alert**

- Page
- Radio
- Phone

- **External news**

- EMS
- Health  
department
- Local news



Insert your  
Organization's  
Logo Here

# Facility Security

---

- Did you have enough of your own facility security personnel?
- Do you have an agreement with local law enforcement?
- What if you are a secondary site?
- What about getting your people in and out?
- Parking lot or perimeter patrol?
- Heightened suspicions—not paranoia?



Insert your  
Organization's  
Logo Here

<Protective Marking>

# PPE: What Did You Wear?

---

- What level?
- Where was it worn?
- How long?
- Work rotations?
- Enough suits?
- Medical surveillance?



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Decontamination

---

- Inside and outside
- Gross
- Secondary
- Definitive
- Emergency
- Technical
- Equipment
- Ambulatory vs. nonambulatory
- Special-needs patients
- What other treatment?
- Mass decontamination triage?



Insert your  
Organization's  
Logo Here

# Patient Care: What Are the Issues?

---

- Other patients
- Standardized assessment
- Lab assistance
- Treatment
- Allocating scarce resources
- Special patient needs
- Patient transfer



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Patient Tracking

---

- Triage tag
- EMS numbers match
- Patient names and information
- Integration with paramedic base
- Family notification
- Health department



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Other Patient Care Concerns

---

- Pediatric and geriatric patients
- Other special-needs patients
- Patients refusing care
- Medical surveillance
  - Federal, State, and local
- Patient valuables
- Worried well



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What About Other Patients?

---

- Handling 9-1-1 calls for other things
- Walk-ins
- Burn unit capability



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Whom Did You Consult?

---

- In house
- Department of health
- Poison control center
- Chemical Transportation Emergency Center (CHEMTREC)
- National Response Center
- Centers for Disease Control and Prevention (CDC)
- Agency for Toxic Substances and Disease Registry (ATSDR)
- Others



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Computer Programs

---

- [List computer programs (including Web programs) used during the exercise.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Reference Texts

---

- [List reference texts used during the exercise.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Whom Did You Ask for Help?

---

- [List outside organizations that were consulted for assistance.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Additional Considerations

---

- Volunteer assistance
- Quarantine
- Alternative treatment centers  
(neighborhood emergency help centers)
- Mental health support
  - Patient
  - Family



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Resources

---

- What did you run out of?
  - Beds
  - Ventilators
  - Pharmaceuticals
  - Medical supplies
  - Other
- Whom did you notify?
- Do you have an acquisition plan?
- Do you have a distribution plan?
- Did you have any staff familiarization issues?



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Additional Resources

---

- Hazardous materials (HazMat) team(s)
- National Disaster Medical System (NDMS) hazard mitigation survey teams
- Disaster medical assistance teams
- Disaster mortuary operational response teams
- Health department
- Others



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What About...?

---

- Handling the deceased
- Handling families
- Press and media
- Incorporating epidemiological investigations
- Criminal investigations
- Research
- Documentation requirements



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What About...? (cont'd)

---

- Staff medication administration
- Staff support and absenteeism
- Staff injury or death



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Mental Health Needs

---

- Will be unparalleled
- Is current support system adequate?
- Acute and extended need for patient, family, and responder support



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Handling of Facility Restoration

---

- Facility decontamination
- Staff rehabilitation
- Staff mental health
- Resupply
- Public relations
- Financial recovery documentation



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What's Next?

---

- After Action Report (AAR)/Improvement Plan (IP)
- Continue planning process
- Identify required resources
- Provide training
- Conduct exercises to validate plans



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Summary

---

- This was an educational tool and another step to preparedness.
- You have identified future areas for improvement.
- You can do it better together than you can alone.



Insert your  
Organization's  
Logo Here

# Questions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Actor Briefing

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Thank you!

---

- Thank you for your participation.
- You provide necessary realism for the responders.
- Without your assistance, this exercise would not be possible.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Today's Briefing

---

- Exercise Overview
- Exercise Safety
- Exercise Schedule
- Exercise Scenario
- What Will Happen?
- Exercise Identification
- Summary



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Overview

---

- A [length of play] interagency exercise focused on field-level response to [scenario]
- No-fault learning environment
- A training tool



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Players

---

- [List participating agencies and organizations]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Safety

---

- Safety is everyone's concern.
- Safety concerns override exercise conduct.
- In the event of an actual emergency, stop play and say, "This is a real-world emergency."
- Be aware that operating in this environment is inherently dangerous.
- The players will take this seriously; so should you.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Schedule

---

- [Insert exercise schedule]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Location

---

- [Insert exercise site map]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Scenario Overview

---

- [Insert scenario overview here, including date, time, setting, incident, and weather, as appropriate]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Victim Tags

---

- Actors will wear [color] symptomology tags to identify their symptoms to players.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What Will Happen?

---

- A simulated occurrence will initiate the incident.
- Your clothing and other personal items should be bagged and tagged. You will be told where to collect your valuables at the end of the exercise.
- The actor controller will instruct you to react.
- Responders will arrive on the scene and begin to assess the situation.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What Will Happen? (cont'd)

---

- Actors who are nonambulatory (can't walk) may be there a while.
- Continue to display your “symptoms” throughout the exercise. **DO NOT STOP ACTING.**
- You may not see responders immediately. Response activities will evolve slowly because responders will need to protect themselves from the threat.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What Will Happen? (cont'd)

---

- Water will be available during the exercise. Please drink it to stay hydrated.
- There will be no invasive treatments (no medicines or needles).
- Follow the instructions of the actor controller.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Actor Decontamination (Optional)

---

- Emergency responders will begin to decontaminate the victims.
- Be prepared to be decontaminated. *Wear a swimsuit:* you will be asked to remove your clothes!
- During decontamination, you will be hosed off with water.
- After decontamination, you will be triaged (prioritized for treatment).



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Hospital Transportation (Optional)

---

- Some actors will be transported to hospitals before the exercise starts.
- Actors will be transported back to the exercise site for lunch and to sign out.
- Follow the instructions of the actor controller.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# What Will Happen? (cont'd)

---

- At the conclusion of your participation:
  - Fill out the assessment form on your victim tag.
  - **Turn in your assessment form.**
  - Follow all instructions of controllers.



Insert your  
Organization's  
Logo Here

<Protective Marking>



# How to Play Your Role

---

- Act your role, but don't overact.
- Do not ad lib symptoms.
- If there is a problem, or you do not feel well, tell the nearest responder or controller, "This is a real emergency."



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Identification

---

- Exercise director [color] hat
- Exercise team [color] hats
- Controllers [color] badges
- Evaluators [color] badges
- Support staff [color] badges
- Players [color] badges
- Observers [color] badges
- Media [color] badges
- Actors [color] symptomology tags



Insert your  
Organization's  
Logo Here

# Final Exercise Reminders

---

- Know your role and the symptoms. Do not overact.
- Do not prompt or get in the way of players.
- Contact controllers with any problems.
- **SAFETY COMES FIRST.** Use the phrase “This is a real emergency” in an actual emergency.
- Thank you for your participation.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Questions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Controller and Evaluator Briefing

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Welcome and Introductions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Meeting Agenda

---

- Exercise Overview
- Exercise Location and Area
- Exercise Schedule
- Exercise Scenario
- Control Concepts
- Exercise Controllers
- Exercise Evaluators
- Administrative Details
- Conclusion



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Objectives

---

- [List exercise objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Exercise Players

---

- [List participating agencies and organizations.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Safety

---

- Safety is EVERYONE'S concern.
- Safety concerns override exercise execution.
- Be aware that operating in an operations-based exercise environment is inherently dangerous.
- Controllers and evaluators must immediately inform the safety controller or senior controller of safety concerns.
- Actual emergencies will be identified by the phrase "This is a real emergency."



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Weapons Policy

---

- Personnel serving as exercise participants will NOT carry a loaded weapon within the confines of the exercise play area.
- Authorized individuals may carry their weapon only after:
  - It has been properly cleared and rendered safe (i.e., no ammunition in chamber, cylinder, breach, or magazines)
  - The weapon has been marked or identified in a conspicuous manner (i.e., bright tape visible around the stock or holster)
- Personnel providing exercise site security may carry loaded weapons.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Location and Area

---

- [Insert maps.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Schedule

---

- [Insert exercise schedule.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Scenario

---

- [Insert scenario overview here, including date, time, setting, incident, and weather, as appropriate.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Artificialities

---

- Artificialities and constraints, such as the exercise assembly area, may detract from realism. Some other artificialities include the following:
  - Surrogates may be playing in place of some key decisionmakers.
  - Real distances may be reduced to fit play location constraints.
  - The exercise will be played in real time. However, there may be some time jumps or acceleration to meet certain objectives.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Play

---

- Exercise play will be on [date] from [time] to [time].
- Exercise play will take place at [exercise sites].
- Play will be restricted to the delineated areas surrounding [the exercise site].



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Control Concepts

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Controller Functions

---

- Inject
- Enforce
- Report
- Attend responder Hot Wash
- Attend final Controller and Evaluator Debrief at [time]
- Complete and turn in exercise documentation



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Controller Responsibilities

---

- Senior Controller
  - Monitors exercise progress and makes decisions regarding any deviations or changes
  - Coordinates any required modifications
- Controller
  - Introduces, maintains, and coordinates exercise events in accordance with the Master Scenario Events List (MSEL)
  - Observes and reports exercise artificialities that interfere with realism
- Additional information is listed in the Controller and Evaluator (C/E) Handbook.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Controller Guidelines

---

- DO:
  - Deliver injects promptly as directed by the senior controller or exercise director
  - Notify the senior controller of events or need for changes
- DO NOT:
  - Hold personal conversations with players
  - Provide extra or advance information to players
  - Prompt players (unless directed by the senior controller/lead exercise planner)



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Documentation

---

- Exercise Plan (ExPlan)
- C/E Handbook
  - Guidelines
  - Exercise Evaluation Guides (EEGs)
- MSEL
  - Timeline
  - Messages
- Activity Log



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Master Scenario Events List (MSEL) Timeline

---

- [List high-level MSEL timeline information.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Control and Observation Concept

---

- Exercise conduct is the responsibility of the exercise director and senior controller.
- Controllers and evaluators are organized by objective and location.
- Experienced controllers are in key positions.
- Observers and media personnel remain in designated area.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Control and Observation Guidelines

---

- Coordinate activities with the exercise director, lead exercise planner, senior controller, and other controllers in your area.
- Notify the lead exercise planner and/or senior controller of ANY problems related to safety or scenario play.



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Exercise Evaluation

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Evaluator Functions

---

- Observe
- Record key events and times as they occur
- Report and elaborate
- Collect information



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Evaluator Responsibilities

---

- Evaluate each assigned player area and objective.
- Understand the exercise concept and scenario.
- Know the procedures for the element being evaluated.
- Inform the senior controller of problems related to exercise design.
- Observe, record, and report participant actions.
- Ensure collection of all evaluation data, EEGs, and materials after the exercise.
- Additional information is listed in the C/E Handbook.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Evaluation Guides (EEGs)

---

- EEGs will be used to track evaluation of the objectives.
- The following target capabilities have been selected to be evaluated:
  - [List target capabilities.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Evaluator Guidelines

---

- DO:
  - Observe and record player activities
  - Document strengths and problem areas
  - Write legibly
- DO NOT:
  - Leave your post at key times
  - Prompt players
  - Get in the way
  - Answer questions for players



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Responder Deployment

---

- Emergency equipment located in and dispatched from the exercise assembly area will be released according to Incident Command.
- The deployment timetable is an estimate based on a real-time response to [incident site].
- The deployment timetable can be found in the C/E Handbook.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Communications

---

- The controller/evaluator radio network is a designated channel to:
  - Report emergencies or safety issues
  - Report major timeline events
  - Acknowledge communication checks for timeline status
- Please keep nonessential radio traffic to a minimum.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Identification

---

- Controllers [color] badges
- Evaluators [color] badges
- Support staff [color] badges
- Players [color] badges
- Observers [color] badges
- Media [color] badges
- Actors [color] symptomology tags



Insert your  
Organization's  
Logo Here



# Administrative Details

---

- Restrooms will be available.
- Drinkable water will be located throughout the exercise site.
- You may keep your hats.
- After the Hot Wash, please return:
  - All badges
  - All documentation (EEGs/activity logs)



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Final Reminders

---

- Safety comes first. Use the phrase “This is a real-world emergency” when an emergency occurs.
- Know your role and the scenario.
- Do not prompt or get in the way of players.
- Contact the exercise director and/or senior controller with any problems or questions.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Questions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Controller and Evaluator Debriefing

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Welcome and Introductions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Overview

---

- A [length of play] interagency exercise focused on [scenario]
- No-fault learning environment
- A training tool



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Objectives

---

- [List exercise objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Players

---

- [List participating organizations.]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Exercise Considerations

---

- Safety
- Site layout
- Exercise assembly areas
- Wind conditions
- [Actors]
- [Agent]
- [Devices]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Strengths

---

- [List the strengths observed during the exercise.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Areas for Improvement

---

- [List areas for improvement.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Functional Area Report

---

- Each functional area controller and evaluator should discuss the areas for improvement and strengths they observed in their respective areas and objectives for concurrence and clarification.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Next Steps

---

- [Jurisdiction] will:
  - Draft After Action Report (AAR)/Improvement Plan (IP)
  - Identify required resources
  - Provide training
  - Conduct exercises to validate training and new plans



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Administrative

---

- Return:
  - Badges [and/or vests]
  - Documentation
    - Exercise Evaluation Guides (EEGs)
    - Activity logs
    - [Other]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Questions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Hospital Briefing

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Today's Briefing

---

- Exercise Overview
- Exercise Schedule
- Exercise Scenario
- Exercise Control and Evaluation
- Exercise Administration
- Conclusion



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Overview

---

- A [length of play] interagency exercise focused on field-level and hospital response to a [scenario] incident
- No-fault learning environment
- A training tool



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Safety

---

- Safety comes first! Use the phrase “This is a real emergency” in any actual emergency.
- Safety of real patients is the primary concern.
- Safety of all participants has priority.
- Terminate exercise for real-world emergencies.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Security

---

- All exercise materials are considered [insert protective marking].
- Prevent prior release of information and exercise materials to participating medical facility personnel.
- Use badges for identification of exercise participants.
- Actors must sign in and sign out.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Players

---

- [List participating agencies.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Participating Hospitals

---

- [List all participating hospitals.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Objectives

---

- [List exercise objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Target Capabilities

---

- [List target capabilities for the exercise.]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Exercise Schedule

---

- [Insert schedule.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Focus

---

- Assessment
- Decontamination
- Treatment
- Facility security
- Staff protection
- Notification procedures



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Play

---

- Exercise play will be on [date] from [time] to [time].
- Exercise play will take place at [exercise site] and area hospitals.
- Play will be restricted to the delineated areas surrounding the [exercise site] and area hospitals.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Artificialities

---

- Communication
- Real-world interference
- Clinical symptoms
- Decontamination
- Treatment simulation



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Scenario

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Symptoms

- How will you know victims' symptoms?
  - They will be acting
  - Symptomology tags

Actor Exercise Assessment Form

Please read the following instructions carefully before using this form. This form will be used to document the symptoms of the exercise victims. It should be completed by the actors. Your responses are confidential and anonymous.

**EXERCISE "VICTIM" SYMPTOMATOLOGY TAG**

**VISIBLE SYMPTOMS:**

**Pin-point pupils  
Salivation**

**PHYSICAL FINDINGS:**

**Resp: 15  
Pulse: 50  
BP: 130/86**

**OTHER PATIENT INFORMATION:**

**Aware: know name,  
location and time**

**Able to walk**

**DO NOT LOSE THIS CARD!**  
**DO NOT LET ANYONE TAKE THIS CARD FROM YOU!**

If you get separated from the exercise activities and need a ride back to your organization, please call:

Thank you for your participation



Insert your  
Organization's  
Logo Here

<Protective Marking>

# [Threat/Hazard/Agent]

---

- [Insert agent/hazard information.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Medical Management

---

- Observe patient
- Triage tags
- Verbal reports
- Victim symptomology tag

How will patient care be indicated?



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Medical Management

---

- Gross decontamination
  - Remove clothing; skin decontamination (rinsing only)
- Secondary decontamination
  - Rinse, wash, and rinse
- Airway support
  - Ventilation; suction
- Supportive therapy
- Administration of antidote



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Communication

---

- Everyday practices
- Special practices



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Identification

---

- Exercise director [color] hat
- Controllers [color] badges
- Evaluators [color] badges
- Support staff [color] badges
- Players [color] badges
- Observers [color] badges
- Media [color] badges
- Actors [color] symptomology tags



Insert your  
Organization's  
Logo Here

# Controller Responsibilities

---

- Give briefings
- Review exercise material
- Organize walk-in patients
- Maintain safety and security
- Note key events and times on activity log
- Provide assistance, if necessary
- Facilitate internal exercise critique at termination of exercise



Insert your  
Organization's  
Logo Here

# Evaluator Responsibilities

---

- Use Exercise Evaluation Guides (EEGs) provided
- Observe and record findings
- Write legibly and concisely
- Note key events and times on activity log
- Remain invisible
- Attend debriefing



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Controllers and Evaluators

---

- Do not:
  - Prompt players, except when necessary
  - Permit exercise play to deviate from exercise objectives



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Tools

---

- Controller and Evaluator (C/E) Handbook
  - Controller and evaluator roles and responsibilities
  - Evaluation materials
- Victim tags with symptoms
- Reference materials
- Activity logs



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Administrative Requirements

---

- Complete EEGs and activity logs.
- Submit your forms and logs at the hospital debriefing at [time] on [date] at [location].
- Identify facility on EEG.
- Return victim badges at debriefing.



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Conclusion

---

- This is YOUR exercise.
- Make the exercise as realistic as possible.
- Maintain safety and security at all times during the exercise.
- Document all significant events.
- The exercise is NOT an inspection.
- Please invite your administration.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Questions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Debriefing

---

- Date: [date]
- Time: [time]
- Location: [location]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Observer/VIP Briefing

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Welcome and Introductions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Today's Briefing

---

- Exercise Overview
- Exercise Scenario
- Exercise Location and Area
- Exercise Schedule
- Administrative Details
- Conclusion



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Overview

---

- A [length of play] interagency exercise focused on field-level response to a [scenario] incident
- No-fault, learning environment
- A training tool
- Evaluation will be used to improve plans, policies, and procedures and to identify training.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Artificialities

---

- Artificialities and constraints such as the assembly area may detract from realism. Some other artificialities include the following:
  - Surrogates may be playing in place of some key decisionmakers.
  - Real distances may be reduced to fit play location constraints.
  - The exercise will be played in real time. However, there may be some time jumps or acceleration to meet certain objectives.



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Objectives

---

- [List exercise objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Scope

---

- [Insert description of scope.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Purpose

---

- [Insert purpose statement.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Scenario

---

- [Insert description of the scenario.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Safety

---

- Safety is everyone's concern.
  - Safety concerns override exercise execution.
  - Alert the nearest controller if you have safety concerns.
- Be aware that operating in this exercise environment is inherently dangerous.
- Actual emergencies will be identified by the saying "This is a real emergency."
- Stay with your assigned controller at all times.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Participants

---

- [Insert list of participating agencies and departments.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Play

---

- Exercise play will be on [date] from [time] to [time].
- Exercise play will take place at [exercise site] and [area hospitals].
- Play will be restricted to the delineated areas surrounding the [exercise site] and [area hospitals].



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Location and Area

---

- [Insert maps of location and site areas.]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Exercise Schedule

---

- [Insert schedule.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Identification

---

- Exercise director [color] hat
- Controllers [color] badges
- Simulators [color] badges
- Evaluators [color] badges
- Support staff [color] badges
- Players [color] badges
- Observers [color] badges
- Media [color] badges
- Actors [color] symptomology tags



Insert your  
Organization's  
Logo Here

# Administrative Details

---

- Restrooms will be available.
- Drinkable water will be located throughout the exercise site.
- After the Hot Wash, please return your badges.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Questions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Player Briefing

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Welcome

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Schedule

---

- Date
  - [Time] Player Briefing
  - [Time] Exercise Play
  - [Time] End of Exercise (EndEx)
  - [Time] Player Hot Wash



Insert your  
Organization's  
Logo Here

# Purpose and Scope

---

- [Insert purpose statement.]
- [Insert scope.]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Objectives

---

- [Insert exercise objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Assumptions and Artificialities

---

- Scenario
- No hidden agendas
- Played to State level
- May be delay in getting information
- Play as realistically as possible
- Simulated agencies and events



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Positions

---

- Lead exercise planner
- Exercise director
- Controllers
  - Safety controller
- Evaluators
- Simulated organizations
- Communications



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Safety

---

- Safety is everyone's concern.
  - Safety concerns override exercise execution.
  - Alert the nearest controller if you have safety concerns.
- The safety officer for this exercise is [Name].
- Actual emergencies will be identified by saying, "This is a real emergency."
- Report any injuries.
- Be mindful of heat stress and injuries.
- Be aware that operating in this exercise environment is inherently dangerous.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Security

---

- Players may **not** carry loaded weapons in the play area.
- Badges [and hats/vests] identify authorized persons.
  - Unauthorized persons are to be escorted out of the exercise play area.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Weapons Policy

---

- Personnel serving as exercise participants will NOT carry a loaded weapon within the confines of the exercise play area.
- Authorized individuals may carry their weapon only after:
  - It has been properly cleared and rendered safe (no ammunition in chamber, cylinder, breach, or magazines)
  - The weapon has been marked or identified in a conspicuous manner (bright tape visible around the stock or holster)
- Personnel providing exercise site security may carry loaded weapons.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# During the Exercise

---

- Conduct operations as normally as possible.
- Follow safety guidelines.
- Wear your exercise identification.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# After the Exercise

---

- Provide copies of all logs, notes, and other documentation to the controllers.
- [Insert additional reminders.]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Briefings and Events

---

- Hot Wash: [Date and time]
- Player Debriefing: [Date and time]
- After Action Conference: [Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Communications

---

- All communication to outside parties will begin and end with the statement “This is an exercise.”
- There will be no communication with outside agencies other than the Simulation Cell (SimCell).
- In the event of a real emergency, say “This is a real emergency.”



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Observers and Media

---

- Observers will be escorted.
- Observers should not interfere with play.
- Media personnel should not talk to players.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Conduct of the Full-Scale Exercise (FSE)

---

- Players are expected to remain at the exercise location.
- Exercise starts with 9-1-1 calls to dispatch.
- There may be followup exercise injects.
- Subsequent player actions are self-directed.
- Scenario timeline is constant.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Questions

---



Insert your  
Organization's  
Logo Here

<Protective Marking>

Homeland Security Exercise and Evaluation Program (HSEEP)

[Document Name]

[Full Exercise Name]

[Exercise Name Continued]

## ACTIVITY LOG

Controller/Evaluator Name: \_\_\_\_\_

Venue: \_\_\_\_\_

Observation Area: \_\_\_\_\_

Date: \_\_\_\_\_

Time	Activity

Homeland Security Exercise and Evaluation Program (HSEEP)

Time	Activity

## PARTICIPANT FEEDBACK FORM

[This form should be distributed to exercise participants at a postexercise Hot Wash. A summary of the feedback received should be included in the After Action Report (AAR)/Improvement Plan (IP).]

Please enter your responses in the form field or checkbox after the appropriate selection.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Role:**    Player ☐      Facilitator ☐      Observer ☐      Evaluator ☐

### Part I: Recommendations and Corrective Actions

1. Based on the exercise today and the tasks identified, list the top three strengths and/or areas that need improvement.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. Is there anything you saw in the exercise that the evaluator(s) might not have been able to experience, observe, and record?

---



---



---



---

3. Identify corrective actions that should be taken to address the issues identified above. For each corrective action, indicate if it is a high, medium, or low priority.

Corrective Action	Priority



## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

## Participant Feedback Form

[Exercise Name Continued]

4. Describe the corrective actions that relate to your area of responsibility. Who should be assigned responsibility for each corrective action?

Corrective Action	Recommended Assignment

5. List the applicable equipment, training, policies, plans, and procedures that should be reviewed, revised, or developed. Indicate the priority level for each.

Item for Review	Priority

## Part II: Assessment of Exercise Design and Conduct

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree					Strongly Agree				
The exercise was well structured and organized.	1	2	3	4	5					
The exercise scenario was plausible and realistic.	1	2	3	4	5					
The facilitator/controller(s) was knowledgeable about the area of play and kept the exercise on target.	1	2	3	4	5					
The exercise documentation provided to assist in preparing for and participating in the exercise was useful.	1	2	3	4	5					
Participation in the exercise was appropriate for someone in my position.	1	2	3	4	5					
The participants included the right people in terms of level and mix of disciplines.	1	2	3	4	5					

## Homeland Security Exercise and Evaluation Program (HSEEP)

[Full Exercise Name]

## Participant Feedback Form

[Exercise Name Continued]

This exercise allowed my agency/jurisdiction to practice and improve priority capabilities.	1	2	3	4	5
After this exercise, I believe my agency/jurisdiction is better prepared to deal successfully with the scenario that was exercised.	1	2	3	4	5

**Part III: Participant Feedback**

Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

---



---



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---



---

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

Evaluator Name: \_\_\_\_\_

Evaluation Assignment: \_\_\_\_\_

Exercise Objectives	[Insert relevant objectives for reference]

Time	Comment/Event	Objective or Capability Reference	Plan Reference

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

Time	Comment/Event	Objective or Capability Reference	Plan Reference

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

Time	Comment/Event	Objective or Capability Reference	Plan Reference

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>



**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

Time	Comment/Event	Objective or Capability Reference	Plan Reference

**[Jurisdiction or Agency]**  
**[Exercise Name]**  
**[Exercise Date]**  
**Evaluator Log**

<b>Time</b>	<b>Comment/Event</b>	<b>Objective or Capability Reference</b>	<b>Plan Reference</b>

*[Exercise Name]*

Evaluator Orientation and Briefing



**FEMA**

# Briefing Topics

- Evaluation Methodology Overview
  - Exercise Evaluation Guide (EEG) Concept
- Evaluation Process
  - Evaluator Responsibilities
- Assessment, Review, and Analysis of the Exercise



FEMA

# Evaluation Methodology Overview



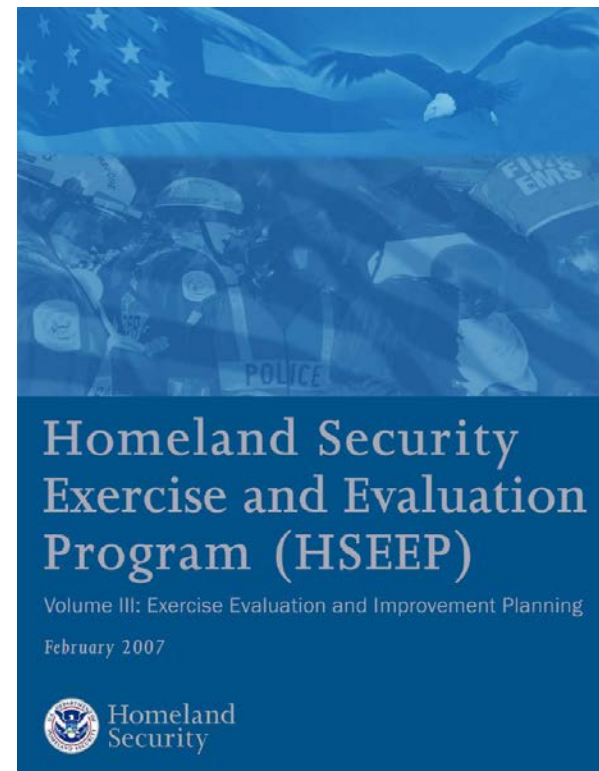
**FEMA**

# Evaluation Goals

- Validate strengths, and identify improvement opportunities.
- Validate plans, procedures, and protocols.
- Improve processes and plans.
- Determine level of capability in regard to the exercise's target capabilities.

# EEG Concept

- The Homeland Security Exercise and Evaluation Program (HSEEP) Volume III provides evaluation and improvement planning policy.
- Evaluations should be objective-based to remain in line with:
  - National Preparedness Goal
  - Target Capabilities List (TCL)
  - Jurisdiction and agency plans
- HSEEP EEG templates provide streamlined process for standardized evaluation *concept*, not necessarily *content*.



# EEG Concept (cont'd)

- Capability-based approach relies on similar activities to achieve a capability.
- Activities are achieved through successful completion of tactical tasks.
- Task detail should come from actual plan being exercised.

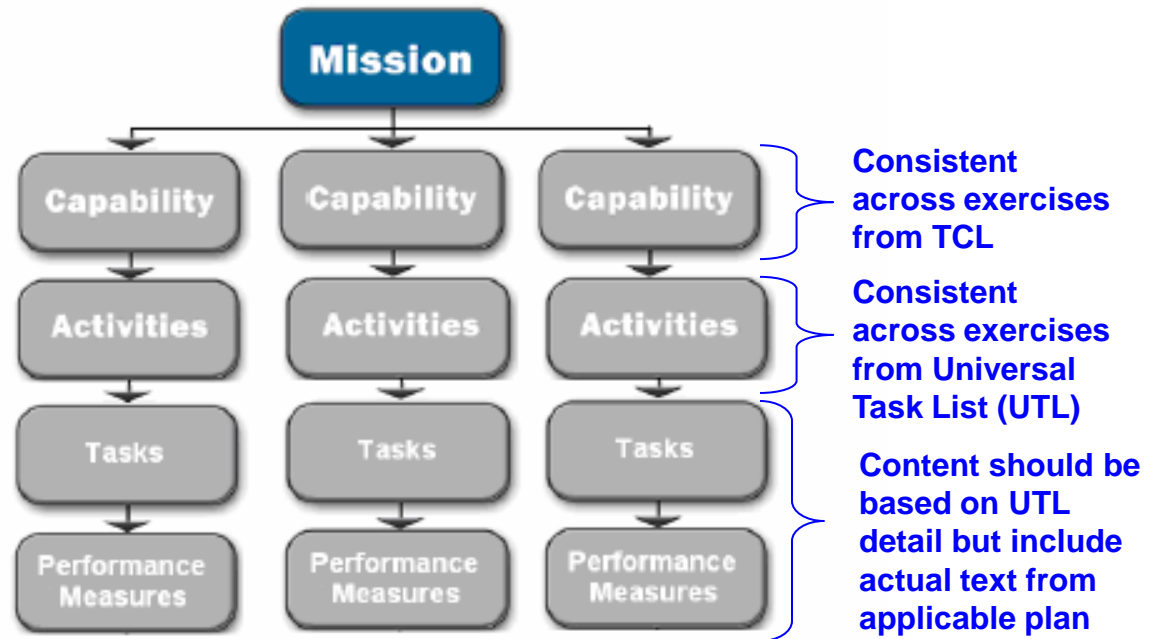


Figure 1-1: Levels of criteria for analysis



FEMA

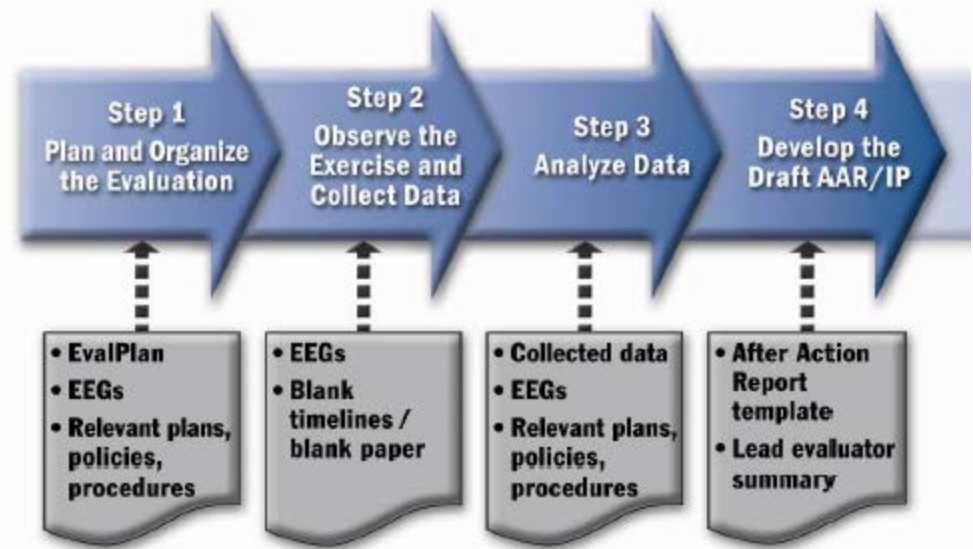


# EEG Function

- Allows evaluators to review validation of plan elements
  - Plans used will depend on participating agencies
- Includes direct references to plan sections, tables, and charts
  - Allows evaluators to better prepare for exercise
  - Provides detail for what will be expected of players
- Remains focused on exercise objectives as they relate to the selected target capability

# Use of EEGs

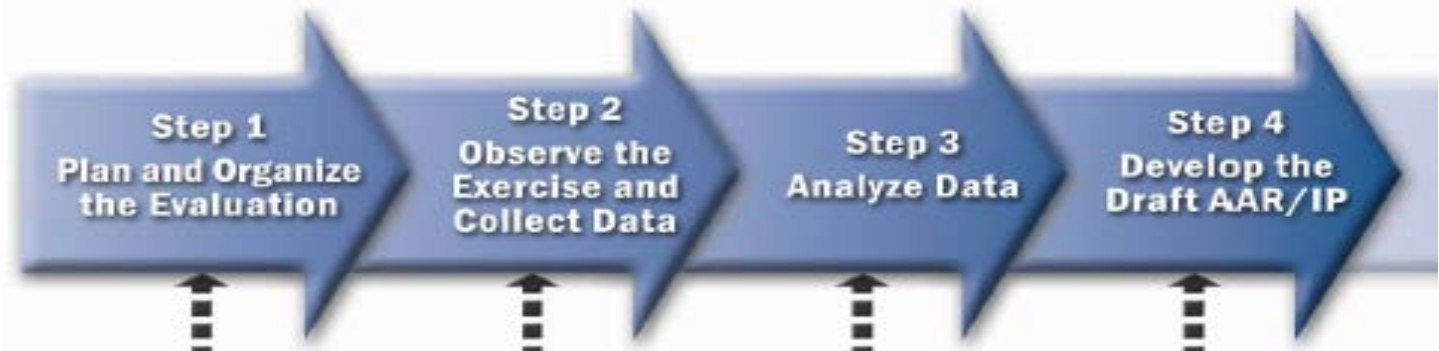
- Evaluation team should use EEGs in conjunction with full plans to prepare.
- Use EEGs as guides for observation, but do not focus on completing them during the exercise.
- Use EEGs for data analysis after exercise and in preparation for the evaluator debriefing.
- Use measured results to make actionable improvement recommendations within the After Action Report (AAR)/Improvement Plan (IP).



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# Use of Evaluation Tools

## HSEEP Methodology Steps



## Evaluation Tools

## Timeline

Exercise objectives, actual plans and procedures	Evaluator log	EEG analysis sheet	AAR data input form
Through Final Planning Conference (FPC) planning	During exercise	Controller/ Evaluator (C/E) Debriefing	Postexercise, before AAR draft development



**FEMA**

# Evaluator Notes and Data

- Evaluators should capture player discussions, decisions, actions, and activity during exercise play.
- The EEGs provided should serve as guides for documentation of exercise activity.

# EEG Analysis Form

- Each evaluator will be provided with EEGs that will give specific guidance on what data to collect during the exercise, how to record it, and how to analyze it.
- These forms should be completed at the conclusion of the exercise, using data gathered during the exercise.

Evaluator Name/Location: Sabrina Wilson - Incident Command Post  
Phone #: 410-555-2107

Onsite Incident Management					
Relevant Exercise Objectives					
<input type="checkbox"/> Evaluate the emergency responders' application of Incident Command System (ICS) procedures and planning tools.			<input type="checkbox"/> Evaluate Incident Command Post (ICP) selection and establishment procedures.		

Implement Onsite Incident Management

Plan Ref	Task	Metric	Yes	No	Time
Fire SOP, Page 7, Section V.A	Initiate and implement the ICS. Several ICS positions were identified: Incident Commander, Safety Officer, and Planning Chief. However, there were several critical positions that were never delegated (e.g., Operations and Logistics Chiefs).	Upon arrival at the incident site	X		Fire took command upon arrival at 8:54 a.m.
Fire SOP, Page 11, Section V.F	Request additional resources as necessary for operations and onsite incident management. As noted, there was no Logistics Chief. The evaluator observed only one request from the Incident Commander to the Emergency Operations Center (EOC) for explosive ordnance disposal (EOD).	As needed		X	N/A

Activity Analysis	
Observations (Each bullet will need a completed After Action Report [AAR] input form.)	
Strengths	
<ul style="list-style-type: none"> <li>There was effective coordination between the Incident Commander and EOD.</li> </ul>	
Areas for Improvement	
<ul style="list-style-type: none"> <li>There was limited activation and use of the National Incident Management System (NIMS).                             <ul style="list-style-type: none"> <li>Root Cause: Lack of experience and knowledge in NIMS</li> </ul> </li> </ul>	

Homeland Security Exercise and Evaluation Program



FEMA

# EEG AAR Data Input Form

- Each EEG will include a second form to be completed following the C/E Debriefing.
- This form will serve as an expansion to the notes captured in the EEG analysis form, including an area to provide recommendations.
- Evaluators should complete one AAR input form for each identified strength or area for improvement.

[EXERCISE NAME] [EXERCISE DATE] Operations-Based Exercise Evaluation Guide (EEG) After Action Report (AAR) Input Form	
Capability	
Activity	
Observation	<i>[Insert a short, complete sentence that describes the general observation. Then select from the lists below whether the observation is a strength or an area for improvement. A strength is an observed action, behavior, procedure, and/or practice that is worthy of recognition and special notice. Areas for improvement are those areas in which the evaluator observed that a necessary task was not performed or that a task was performed with notable problems. Lastly, identify the capability element that this observation falls under.]</i>
<input type="checkbox"/> Noted Strength	<input type="checkbox"/> Area for Improvement
Capability Element	
<input type="checkbox"/> Equipment <input type="checkbox"/> Organization <input type="checkbox"/> Personnel	<input type="checkbox"/> Planning <input type="checkbox"/> Process <input type="checkbox"/> Training
References (Standards, Policies, or Plans)	<i>[List relevant plans, policies, procedures, laws, and/or regulations, or sections of these plans, policies, procedures, laws, and/or regulations. If no references apply to the observation, it is acceptable to list "N/A" or "Not Applicable."]</i> 1. 2. 3.
Analysis	<i>[Include a description of the behavior or actions at the core of the observation, as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.]</i>
Recommendations	<i>[Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength without corresponding recommendations, insert "None."]</i> 1. 2. 3.



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# After Action Report (AAR)/Improvement Plan (IP)

- Data from the EEGs and debriefing will be compiled into the AAR/IP.
- The AAR/IP will include assessments for each capability observed as well as issues and recommendations.
- AAR/IP data will be entered into the Corrective Action Program (CAP) System.

\*\*\*Training Course Use Only\*\*\*  
Chemical Agent Function Exercise  
Exercise Evaluation Guide (EEG) Analysis Form  
Version 1.0, 2013  
Chemical Incident Management  
Exercise Evaluation Guide (EEG) Analysis Form  
Phone # 410-685-5200

**Exercise Incident Management**

Exercise Incident Management Objectives

- 1. Evaluate the emergency response
- 2. Evaluate the incident command system (ICS) procedures and planning tools
- 3. Evaluate incident command Post (ICP) selection and establishment procedures

**Implement Exercise Incident Management**

Activity	Time	Location	Remarks	Notes
1. ICP	0800	0800	ICP was established at the site of the incident. The ICP was established at the site of the incident. The ICP was established at the site of the incident.	

**Activity Analysis**

Observations (Each bullet will need a completed After Action Report (AAR) input form.)

- There were effective coordination between the Incident Commander and ICP.
- There were effective coordination between the Incident Commander and ICP.
- There were effective coordination between the Incident Commander and ICP.

Root Cause: Lack of experience and knowledge in ICS.

Exercise Name: \_\_\_\_\_  
Exercise Date: \_\_\_\_\_  
Exercise Location: \_\_\_\_\_  
Exercise Type: \_\_\_\_\_  
Exercise Scenario: \_\_\_\_\_  
Exercise Objectives: \_\_\_\_\_  
Exercise Results: \_\_\_\_\_  
Exercise Lessons Learned: \_\_\_\_\_  
Exercise Recommendations: \_\_\_\_\_  
Exercise Evaluation: \_\_\_\_\_  
Exercise Summary: \_\_\_\_\_  
Exercise Conclusion: \_\_\_\_\_  
Exercise Final Report: \_\_\_\_\_

Homeland Security Exercise and Evaluation Program (HSEEP)  
After Action Report/Improvement Plan (AAR/IP)  
Section 3: ANALYSIS OF CAPABILITIES

This section will report on the performance of the exercised capability, activity, and tasks. In this section, observations are organized by capability and associated activities. The capability indicators for the exercised capability (the indicators) are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

**Capability 1: [CAPABILITY NAME]**

Capability Summary: [Include a detailed overview of the capability, drawn from the TOC, capability description, and a description of the capability's performance during the exercise. Include a brief description of the capability's purpose, its role in the overall mission, and its expected performance. The exact length of this summary will depend on the scope of the exercise.]

**Activity 1.1: [Activity Name]**

Observation 1.1: [Begin this section with a heading indicating whether the observation is "Strength" or an "Area for Improvement." A strength is an observed action, behavior, procedure, activity, or practice that is worthy of recognition and credit and is an area for improvement is an area in which the exercise observed that a necessary task was not performed or that a task was performed with notable deficiencies. Following this heading, insert a brief, complete sentence that describes the observed observation.]

**References:** [List relevant plans, policies, procedures, laws, and/or regulations, or sections of these plans, policies, procedures, laws, and/or regulations. If no reference is applicable to the observation, it is acceptable to simply list "N/A" or "Not Applicable."]

1. [Name of the task and the applicable plan, policy, procedure, law, and/or regulation and 1-2 sentence describing their relation to the task.]

2. [Name of the task and the applicable plan, policy, procedure, law, and/or regulation and 1-2 sentence describing their relation to the task.]

3. [Name of the task and the applicable plan, policy, procedure, law, and/or regulation and 1-2 sentence describing their relation to the task.]

**Analysis:** [This section should be the most detailed section of Chapter 3. Include a description of the behavior or action in the context of the observation, a brief description of the task and the component's (positive or negative) performance of the task or behavior. If an action was performed successfully, include any relevant]

CAP System



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# Evaluation Process



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# Evaluator Responsibilities

- Understand the exercise concept and scenario.
- Collect information.
- Make observations on player deliberations, actions, and decision processes.
- Analyze actions and develop postexercise AAR/IP input.

# Preexercise Responsibilities

- Review appropriate plans, procedures, and protocols.
- Participate in C/E Briefing.
- Review appropriate exercise materials to be familiar with scenario, objectives, and target capabilities.
- Review EEGs and other supporting materials for your area of responsibility.



# Exercise Responsibilities

- Monitor and document player performance.
- Use EEGs to confirm objectives are being met.
- Focus on critical tasks, as specified in the EEGs and plans being exercised.
- Do not prompt players or interfere with exercise play.



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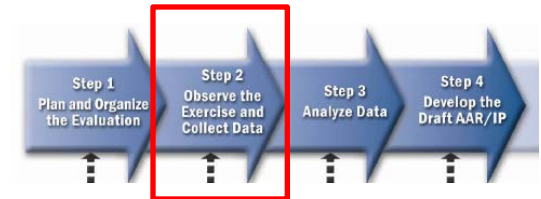
# Evaluator Guidelines

At the start of the exercise, evaluators should:

- Position themselves within the appropriate group or area
- Determine an ideal location to observe exercise play
- Be prepared to move within the group to follow movement of play

Evaluators should not:

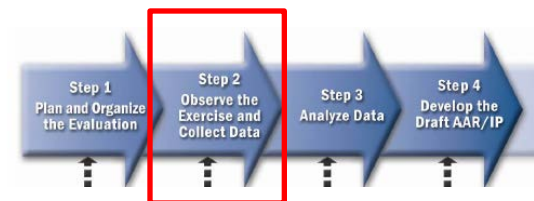
- Focus solely on the group or organization leader
- Interfere with exercise discussion or action



# Observing the Exercise

Evaluators must keep an accurate written record of important issues that take place during the exercise:

- Who performed the action or made the decision?
- What occurred?
- Why did the action take place, or why was the decision made?
- How did they perform the action or make the decision?



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# Recording Important Events

- Evaluators should record events such as:
  - Initiating scenario events
  - Actions of players
  - Key decisions
  - Deviations from plans and procedures
  - Times of significant actions
  - Equipment used
  - Directives
  - Movement and activity
  - Discussion



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# Assessment, Review, and Analysis of the Exercise



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# Postexercise Analysis Responsibilities

- Participate in the Hot Wash, and take notes on findings identified by players.
- Summarize your notes and prepare for the C/E Debriefing.
- Have your summary ready for the lead evaluator, including bulleted strengths and areas for improvement from activity analysis.
- Use data to determine whether the exercise capabilities and plans were effectively implemented.
  - Identify observations as strengths or areas for improvement.



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# Player Hot Wash

- Allows players to participate in a self-assessment of the exercise play.
- Allows evaluators to clarify additional points and collect missing information.

# Controller and Evaluator (C/E) Debriefing

- Work to complete EEG analysis forms for submission.
- Discuss degree to which each objective was completed.
- Provide strengths, best practices, lessons learned, and possible IP recommendations.
- Begin outlining issues to be included in AAR/IP on AAR data input forms.

# AAR/IP Input

- Use the EEG AAR data input form.
- Complete one form for each strength and area for improvement.
  - **Observation.** Write a one-sentence statement that identifies the strength or area for improvement as noted in the activity analysis tables.
  - **References.** Reference relevant plans, policies, procedures, laws, or regulations that could be used to facilitate implementing recommendations for improvement or capturing strengths.
  - **Analysis.** Document detailed data on what you observed during the exercise specific to this individual observation.
  - **Recommendations.** Suggest steps to allow the participants to further improve the plans or share strengths.
- All AAR input is due to *[lead evaluator]* no later than *[date]*.



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# Evaluation Matrix

	Objective Met	Objective <u>Not</u> Met
<b>Players followed plan procedures</b>	<i>Plan works</i> <i>Document best practices and strengths</i>	<i>Capture why plan didn't work</i> <i>Document how to improve relevant plan elements</i>
<b>Players did not follow plan procedures</b>	<i>Capture how objective was met</i> <i>Recommend successful actions and procedures be included in plan rewrite</i>	<i>Capture why plan was not used</i> <i>May require plan training and familiarization</i>



**FEMA**

# Questions/Discussion



**FEMA**



**FEMA**

[Protective Marking]

Homeland Security Exercise and Evaluation Program (HSEEP)  
After Action Report/Improvement Plan [Full Exercise Name]  
(AAR/IP) [Exercise Name Continued]

[Note for After Action Report/Improvement Plan (AAR/IP) Template:

- Text found in this document that is highlighted and bracketed is included to provide instruction or to indicate a location to input text.
- All text that is not highlighted is to be included in the final version of the AAR/IP.]

[FULL EXERCISE NAME]

[Exercise Dates]

# AFTER ACTION REPORT/IMPROVEMENT PLAN

[Publication Date]

[On the cover page, insert additional graphics such as logos, pictures, and background colors as desired. The word “Draft” should be included before the phrase “After Action Report/Improvement Plan” on the cover page and in the header/footer of all versions except the final AAR/IP.]

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[Protective Marking]

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## ADMINISTRATIVE HANDLING INSTRUCTIONS

1. The title of this document is [complete and formal title of document].
2. The information gathered in this AAR/IP is classified as [For Official Use Only (FOUO)] and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from [agency] is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored in a locked container or area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. Points of Contact: [List all points of contact below.]

[Federal POC:]

Name

Title

Agency

Street Address

City, State ZIP

xxx-xxx-xxxx (office)

xxx-xxx-xxxx (cell)

e-mail

[Exercise Director:]

Name

Title

Agency

Street Address

City, State ZIP

xxx-xxx-xxxx (office)

xxx-xxx-xxxx (cell)

e-mail

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[If an AAR contains graphics, figures, or tables, they should be numbered and listed in the Contents section (e.g. Figure 1, Table 1, etc.).

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## EXECUTIVE SUMMARY

[When writing the Executive Summary, keep in mind that this section may be the only part of the AAR/IP that some people will read. Introduce this section by stating the full name of the exercise and providing a brief overview of the exercise. This brief overview should discuss why the exercise was conducted; the exercise objectives; and what Target Capabilities List (TCL) capabilities, activities, and scenario(s) were used to achieve those objectives. All of these areas will be discussed in more detail in the subsequent chapters of the AAR/IP. In addition, the Executive Summary may be used to summarize any high-level observations that cut across multiple capabilities.]

The [agency or jurisdiction] [scenario type] [exercise type] exercise [exercise name] was developed to test [agency or jurisdiction]'s [Capability 1], [Capability 2], and [Capability 3] capabilities. The exercise planning team was composed of numerous and diverse agencies, including [list of agencies participating in planning team]. The exercise planning team discussed [include a brief overview of the major issues encountered, discussed, and resolved during the exercise planning process. Topics to address in this section could include the length of the planning process, the reasoning behind the planning team's choice of objectives to exercise, etc.]

Based on the exercise planning team's deliberations, the following objectives were developed for [exercise name]:

- Objective 1: [Insert 1 sentence description of the exercise objective]
- Objective 2: [Insert 1 sentence description of the exercise objective]
- Objective 3: [Insert 1 sentence description of the exercise objective]

The purpose of this report is to analyze exercise results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions.

[In general, the major strengths and primary areas for improvement should be limited to three each to ensure the Executive Summary is high-level and concise.]

### Major Strengths

The major strengths identified during this exercise are as follows:

- [Use complete sentences to describe each major strength.]
- [Additional major strength]
- [Additional major strength]

### Primary Areas for Improvement

Throughout the exercise, several opportunities for improvement in [jurisdiction/organization name]'s ability to respond to the incident were identified. The primary areas for improvement,

including recommendations, are as follows:

- [Use complete sentences to state each primary area for improvement and its associated key recommendation(s).]
- [Additional key recommendation]
- [Additional key recommendation]

[End this section by describing the overall exercise as successful or unsuccessful, and briefly state the areas in which subsequent exercises conducted by these jurisdictions and/or organizations should focus.]

## SECTION 1: EXERCISE OVERVIEW

[Information in the Exercise Overview should be “structured data”—written as a list rather than in paragraph form—in order to facilitate preparation of other parts of the AAR/IP, maintain consistency within AAR/IPs, and facilitate the analysis of AAR/IPs for program reporting.]

### Exercise Details

#### Exercise Name

[Insert formal name of exercise, which should match the name in the header.]

#### Type of Exercise

[Insert the type of exercise as described in Homeland Security Exercise Evaluation Program Volume I (e.g. seminar, workshop, drill, game, tabletop, functional exercise, or full-scale exercise.)]

#### Exercise Start Date

[Insert the month, day, and year that the exercise began.]

#### Exercise End Date

[Insert the month, day, and year that the exercise ended.]

#### Duration

[Insert the total length of the exercise, in day or hours, as appropriate.]

#### Location

[Insert all applicable information regarding the specific location of the exercise; including any city, State, Federal region, international country, or military installation.]

#### Sponsor

[Insert the name of the Federal agency or agencies that sponsored the exercise, as well as any co-sponsors if applicable. Also list any applicable points of contacts.]

#### Program

[Insert the name of the program (e.g. Fiscal Year 2007 State Homeland Security Grant Program) from which exercise funding originated.]

#### Mission

[Insert the appropriate mission areas of the exercise (e.g. Prevent, Protect, Response, and/or Recovery).]

#### Capabilities

[Insert a list of the target capabilities addressed within the exercise.]

#### Scenario Type

[Name the exercise scenario type (e.g. chemical release).]

## Exercise Planning Team Leadership

[The name of each member of the planning team leadership should be listed along with their role in the exercise, organizational affiliation, job title, mailing address, phone number, and e-mail address.]

## Participating Organizations

[Insert a list of the individual participating organizations or agencies, including Federal, State, Tribal, non-governmental organizations (NGOs), local and international agencies, and contract support companies as applicable.]

### Number of Participants

[Insert a list of the total number of each of the following exercise participants, as applicable:

- Players: [#]
- Controllers: [#]
- Evaluators: [#]
- Facilitators: [#]
- Observers: [#]
- Victim Role Players: [#]



## SECTION 2: EXERCISE DESIGN SUMMARY

[The Exercise Design Summary is intended to provide a summary of the exercise design process.]

### Exercise Purpose and Design

[This section should contain a brief (one-to-two paragraph) summation of why the exercise was conducted and what the exercise participants hoped to learn. It should also include a brief history of how the exercise was organized, designed, funded, etc.]

### Exercise Objectives, Capabilities, and Activities

[The purpose of this section is to list exercise objectives and align them with associated capabilities from the Target Capabilities List (TCL). For each TCL capability, there is an Exercise Evaluation Guide (EEG) which lists specific activities which must be performed to demonstrate a capability. In addition to TCL capabilities, the EEG activities relevant to each objective should also be included in this section. Begin this section with the following text.]

Capabilities-based planning allows for exercise planning teams to develop exercise objectives and observe exercise outcomes through a framework of specific action items that were derived from the Target Capabilities List (TCL). The capabilities listed below form the foundation for the organization of all objectives and observations in this exercise. Additionally, each capability is linked to several corresponding activities and tasks to provide additional detail.

Based upon the identified exercise objectives below, the exercise planning team has decided to demonstrate the following capabilities during this exercise:

- **Objective 1:** [Insert a one sentence description of each objective].
  - [Capability Title]: [Activity 1]; [Activity 2]; and [Activity 3].
  - [Capability Title]: [Activity 1]; [Activity 2]; and [Activity 3].

### Scenario Summary

[For an operations-based exercise, this section should summarize the scenario or situation initially presented to players, subsequent key events introduced into play, and the time in which these events occurred. For a discussion-based exercise, this section should outline the scenario used and/or modules presented to participants.]

## SECTION 3: ANALYSIS OF CAPABILITIES

This section of the report reviews the performance of the exercised capabilities, activities, and tasks. In this section, observations are organized by capability and associated activities. The capabilities linked to the exercise objectives of [full exercise name] are listed below, followed by corresponding activities. Each activity is followed by related observations, which include references, analysis, and recommendations.

[The format for Chapter 3, as described above, represents the preferred order for analysis of exercise observations. However, observations that are cross-cutting and do not apply to one, specific activity within the capability should be listed first, directly under the capability summary. Below the cross-cutting observations, you may then present the complete list of activities which apply to the observation.]

### Capability 1: [Capability Name]

**Capability Summary:** [Include a detailed overview of the capability, drawn from the TCL capability description, and a description of how the capability was performed during an operations-based exercise or addressed during a discussion-based exercise. The exact length of this summary will depend on the scope of the exercise.]

**Activity 1.1:** [Using the EEGs, identify the activity to which the observation(s) below pertain.]

**Observation 1.1:** [Begin this section with a heading indicating whether the observation is a “Strength” or an “Area for Improvement.” A strength is an observed action, behavior, procedure, and/or practice that is worthy of recognition and special notice. Areas for improvement are those areas in which the evaluator observed that a necessary task was not performed or that a task was performed with notable problems. Following this heading, insert a short, complete sentence that describes the general observation.]

**References:** [List relevant plans, policies, procedures, laws, and/or regulations, or sections of these plans, policies, procedures, laws, and/or regulations. If no references apply to the observation, it is acceptable to simply list “N/A” or “Not Applicable.”]

1. [Name of the task and the applicable plans, policies, procedures, laws, and/or regulations and 1-2 sentences describing their relation to the task]
2. [Name of the task and the applicable plans, policies, procedures, laws, and/or regulations and 1-2 sentences describing their relation to the task]
3. [Name of the task and the applicable plans, policies, procedures, laws, and/or regulations and 1-2 sentences describing their relation to the task]

**Analysis:** [The analysis section should be the most detailed section of Chapter 3. Include a description of the behavior or actions at the core of the observation, as well as a

brief description of what happened and the consequence(s) (positive or negative) of the action or behavior. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root-causes contributing to the shortcoming must be identified.]

**Recommendations:** [Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength, without corresponding recommendations, insert "None.]"

1. [Complete description of recommendation]
2. [Complete description of recommendation]
3. [Complete description of recommendation]

[Continue to add additional observations, references, analyses, and recommendations for each capability as necessary. Maintain numbering convention to allow for easy reference.]

## SECTION 4: CONCLUSION

[This section is a conclusion for the entire document. It provides an overall summary to the report. It should include the demonstrated capabilities, lessons learned, major recommendations, and a summary of what steps should be taken to ensure that the concluding results will help to further refine plans, policies, procedures, and training for this type of incident.]

Subheadings are not necessary and the level of detail in this section does not need to be as comprehensive as that in the Executive Summary.]

## APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for [identify the State, county, jurisdiction, etc., as applicable] as a result of [full exercise name] conducted on [date of exercise]. These recommendations draw on both the After Action Report and the After Action Conference. [The IP should include the key recommendations and corrective actions identified in *Chapter 3: Analysis of Capabilities*, the After Action Conference, and the EEGs. The IP has been formatted to align with the *Corrective Action Program System*.]

Table A.1: Improvement Plan Matrix

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
[Capability 1: Capability Name]	1. Observation 1	1.1 Insert Recommendation 1	1.1.1 Insert Corrective Action 1	Planning	State X EMA	EMA Director	Dec 1, 2006	Sep 1, 2007
			1.1.2 Insert Corrective Action 2	Planning	State X EMS System	EMS System Director	Dec 1, 2006	Feb 1, 2007
		1.2 Insert Recommendation 2	1.2.1 Insert Corrective Action 1	Training	State X EMA	EMA Director	Dec 1, 2006	Jan 1, 2007
			1.2.2 Insert Corrective Action 2	Systems/ Equipment	State X EMA	EMA Director	Dec 1, 2006	Mar 15, 2007
	2. Observation 2	2.1 Insert Recommendation 1	2.1.1 Insert Corrective Action 1	Planning	State X EMS System	EMS System Director	Dec 1, 2006	Jan 15, 2007
			2.1.2 Insert Corrective Action 2	Systems/ Equipment	State X EMA	EMA Director	Dec 1, 2006	Jan 1, 2007

## APPENDIX B: LESSONS LEARNED

While the After Action Report/Improvement Plan includes recommendations which support development of specific post-exercise corrective actions, exercises may also reveal lessons learned which can be shared with the broader homeland security audience. The Department of Homeland Security (DHS) maintains the *Lessons Learned Information Sharing* (LLIS.gov) system as a means of sharing post-exercise lessons learned with the emergency response community. This appendix provides jurisdictions and organizations with an opportunity to nominate lessons learned from exercises for sharing on *LLIS.gov*.

For reference, the following are the categories and definitions used in *LLIS.gov*:

- **Lesson Learned:** Knowledge and experience, positive or negative, derived from actual incidents, such as the 9/11 attacks and Hurricane Katrina, as well as those derived from observations and historical study of operations, training, and exercises.
- **Best Practices:** Exemplary, peer-validated techniques, procedures, good ideas, or solutions that work and are solidly grounded in actual operations, training, and exercise experience.
- **Good Stories:** Exemplary, but non-peer-validated, initiatives (implemented by various jurisdictions) that have shown success in their specific environments and that may provide useful information to other communities and organizations.
- **Practice Note:** A brief description of innovative practices, procedures, methods, programs, or tactics that an organization uses to adapt to changing conditions or to overcome an obstacle or challenge.

### Exercise Lessons Learned

[Insert an account of any observations nominated for inclusion in the DHS LLIS.gov system. If there are not any nominations, a simple statement to that effect should be included here.]

[Optional]

## APPENDIX C: PARTICIPANT FEEDBACK SUMMARY

[Appendix C of the AAR/IP should provide a summary of the feedback received through this form.]

## APPENDIX D: EXERCISE EVENTS SUMMARY TABLE

[In formulating its analysis, the evaluation team may assemble a timeline of key exercise events. While it is not necessary to include this timeline in the main body of the AAR/IP, the evaluation team may find value in including it as an appendix. If so, this section should summarize what actually happened during the exercise in a timeline table format. Focus of this section is on what inputs were actually presented to the players and what actions the players took during the exercise. Successful development of this section is aided by the design, development, and planning actions of the exercise design team. Prior to the exercise, the exercise design team should have developed a timeline of anticipated key events.]

[An example of the format for the Exercise Events Summary Table is presented below.]

**Table D.1: Exercise Events Summary**

Date	Time	Scenario Event, Simulated Player Inject, Player Action	Event/Action
02/20/06	0900	Scenario Event	Explosion and injuries reported at subway station 13
02/20/06	0902	Player Action	Subway services stopped in accordance with protocols; notifications started
02/20/06	0915	Player Action	Evacuation ordered for planning zone 2A
02/20/06	0940	Simulated Player Inject	Traffic at a standstill on major egress route 1 reported to players (Response generated issue because personnel to staff traffic control points were not deployed)



## APPENDIX E: PERFORMANCE RATING

[When a jurisdiction/organization elects to use performance ratings, or when initiatives require a rating within the AAR/IP, the following approach can be used. A qualitative performance rating is assigned to each activity demonstrated within its capability area. The performance rating is based on a systemic review by the lead evaluator of exercise performance based on evaluator analysis of how well the participants demonstrated the capability outcome. The results should be summarized within this appendix and should be based on the supporting narrative contained within the body of the AAR/IP.]

The performance rating categories refer to how well each activity was performed during the exercise and are detailed in the table below.

**Table E.1: Performance Ratings**

Rating	Description
Performed without Challenges	The performance measures and tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Performed with Some Challenges, but Adequately	The performance measures and tasks associated with the activity were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.
Performed with Major Challenges	The performance measures and tasks associated with the activity were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or, was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.
Unable to be Performed	The performance measures and tasks associated with the activity were not performed in a manner that achieved the objective(s).

## APPENDIX F: ACRONYMS

[Any acronym used in the AAR should be listed alphabetically and spelled out.]

**Table F.1:** *Acronyms*

Acronym	Meaning

[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Draft AAR Transmittal Letter to FEMA**

**[Full Exercise Name]**

**[Exercise Name Continued]**

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[FEMA Exercise Manager]

Federal Emergency Management Agency

810 Seventh Street, NW

Washington, DC 20531

[Date]

Dear [FEMA Exercise Manager]:

In accordance with [Fiscal Year] Homeland Security Grant Program Guidance, we have enclosed the draft version of the After Action Report (AAR) from the [Exercise Name and Type] conducted in [Agency/Jurisdiction] on [Exercise Date]. Please review the draft AAR and contact us with any comments you may have so that we can address them before the After Action Conference.

If you have any questions or comments, please contact [Exercise POC] at [Contact Information].

Sincerely,

[State Exercise Program Manager]

[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Draft AAR Transmittal Letter to State**

**[Full Exercise Name]**

**[Exercise Name Continued]**

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[State Exercise Program Manager]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Date]

Dear [State Exercise Program Manager]:

Please find enclosed the draft version of the After Action Report (AAR) from the [Exercise Name and Type] conducted in [Agency/Jurisdiction] on [Exercise Date]. Please review the draft AAR and contact us with any comments you may have so that we can address them before the After Action Conference.

If you have any questions or comments, please contact [Exercise POC] at [Exercise Point of Contact Information].

Sincerely,

[Agency/Jurisdiction Lead Planner]

[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Draft AAR Transmittal Letter to FEMA**

**[Full Exercise Name]**

**[Exercise Name Continued]**

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[FEMA Exercise Manager]

Federal Emergency Management Agency

810 Seventh Street, NW

Washington, DC 20531

[Date]

Dear [FEMA Exercise Manager]:

In accordance with [Fiscal Year] Homeland Security Grant Program Guidance, we are pleased to enclose the final After Action Report (AAR)/Improvement Plan (IP) from the [Exercise Name and Type] conducted in [Agency/Jurisdiction] on [Exercise Date]. If you have any questions, please contact [State Exercise Program Manager] at [Contact Information].

Sincerely,

[State Exercise Program Manager]

[Protective Marking]

## Homeland Security Exercise and Evaluation Program (HSEEP)

**Final AAR Transmittal Letter to State**

**[Full Exercise Name]**

**[Exercise Name Continued]**

[Exercise Jurisdiction]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Phone]

[State Exercise Program Manager]

[Mailing Address Line 1]

[Mailing Address Line 2]

[City, State ZIP]

[Date]

Dear [State Exercise Program Manager]:

We are pleased to enclose the final After Action Report (AAR)/Improvement Plan (IP) from the [Exercise Name and Type] conducted in [Agency/Jurisdiction] on [Exercise Date]. We appreciate the support you and your planners provided, and we hope our insights are useful in enhancing the preparedness of [State].

If you have any questions, please contact [Exercise POC] at [Exercise Point of Contact Information].

Sincerely,

[Agency/Jurisdiction Lead Planner]



FEMA

# Lessons Learned Information Sharing

LLIS.gov

Sharing Information  
Enhancing Preparedness  
Strengthening Homeland Security

## Lessons Learned Information Sharing:

The national, online network of lessons learned, best practices, and innovative ideas for the emergency response and homeland security communities

### A TOOL FOR ENHANCING NATIONAL PREPAREDNESS

*Lessons Learned Information Sharing (LLIS.gov)* is a US Department of Homeland Security/Federal Emergency Management Agency program. This information and collaboration resource helps emergency response providers and homeland security officials prevent, protect against, respond to, and recover from terrorist attacks, natural disasters, and other emergencies. *LLIS.gov* provides Federal, State, and local responders from all disciplines with a wealth of information and front-line expertise on effective planning, training, and operational practices across homeland security functional areas.

**LLIS.gov is a free and secure resource that facilitates information sharing within the emergency response community.**  
**Register at [www.llis.gov](http://www.llis.gov).**



### ONE-STOP RESOURCE

*LLIS.gov* is a one-stop resource for the most current homeland security, national preparedness, and DHS-related information and features:

- A comprehensive library of homeland security-related documents, including lessons learned, after-action reports, emergency operations plans, and DHS information;
- An online community of experienced professionals from all disciplines sharing lessons learned and best practices through content, forums, feedback tools, and secure email; and
- A free, password-protected system accessible only to validated members of the emergency response and homeland security communities.

### LLIS.GOV ORIGINAL CONTENT

*LLIS.gov* researchers produce four types of original content, approved and validated by subject-matter experts, to capture expertise and innovation at the State and local levels.

- **Best Practices:** peer-validated techniques, procedures, good ideas, or solutions that work and are solidly grounded upon actual experience in operations, training, and exercises
- **Lessons Learned:** knowledge and experience, positive or negative, derived from observations and historical study of actual operations, training, and exercises
- **Good Stories:** exemplary initiatives that have shown success in their specific environments and that may provide useful information to other communities and organizations
- **Practice Notes:** innovative practices, procedures, methods, programs, or tactics that an organization uses to adapt to changing conditions or to overcome an obstacle or challenge

For more information on *LLIS.gov* or to register, please go to [www.llis.gov](http://www.llis.gov).

### LLIS.gov at a Glance

- Online since April 19, 2004
- Over 49,000 registered members
- Over 14,000 documents, including more than 1,700 state and local plans, 700 after-action reports, and 900 original content documents
- Secure message boards and collaboration tools
- Targeted information on current homeland security topics



### Introduction

The Homeland Security Exercise and Evaluation Program (HSEEP) library contains templates for exercise planners to use in developing Exercise Evaluation Guides (EEGs) for specific exercises. These templates are Microsoft Word documents and are based on the Target Capabilities List (TCL). This job aid will help exercise design teams use the templates to develop EEGs specific to individual exercise needs. The National Exercise Division (NED) recommends that design teams remove data that is not relevant to the exercise and edit the remaining content to allow better evaluation of exercise objectives. This job aid focuses on development of the operations-based EEG template.

### Selecting EEG Templates

During the initial design of the exercise, the planning team should select the EEG template that corresponds to each target capability chosen for the exercise. The exercise objectives for participating agencies should align with the selected target capabilities and will be used to select the specific activities for evaluation. Once EEGs templates are selected, the table at the top of page 1 can be used to cross-walk applicable objectives to the target capability. For example, during an exercise to test response to a major highway hazardous materials (HazMat) incident, the Emergency Operations Center (EOC) Management capability could be linked to more than just the EOC staff's objectives. If public works has an objective to establish communications with the EOC and exchange information, the public works objective should be listed.

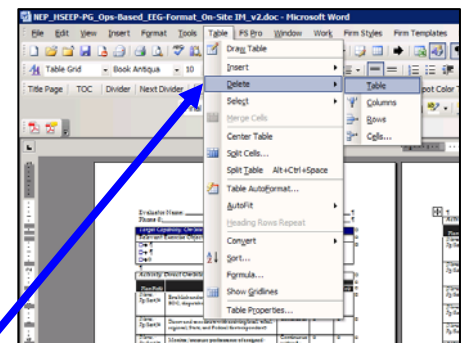
Exercise Objectives	Yes	No	Time
Develop plans, procedures, and protocols for resource management in accordance with the National Incident Management System (NIMS), and include pre-identification of resources to efficiently and effectively respond to an event.			
Establish plans and systems for resource identification, typing, and reassigning.			
Establish plans and systems for acquiring and ordering resources.			

The EEG templates consist of two parts: the analysis form and the After Action Report (AAR) data input form. The information below explains the best use of the templates to provide evaluators with user-friendly EEGs.

### Analysis Form

#### Selecting Activities

The templates include all of the activities listed in the TCL. The final exercise evaluation of strengths and areas for improvement will be written to the activity level but will be categorized by target capability in the AAR. Based on the objectives listed on the first page of the EEG, the Exercise Planning Team should look at the activities in the EEG template and delete those that do not directly correlate to the exercise objectives.







To remove an activity table, place your cursor anywhere within the table text. On your Word toolbar, select “Table,” “Delete,” and “Table.” (These instructions and screenshots are based on Microsoft Word 2003. Individual systems may vary.)

### Activity Table Content

The activity tables use several columns to categorize expected player actions for evaluation. Some of the columns are prepopulated with data from the TCL; others are populated by the Exercise Planning Team based on agency-specific plans. The NED recommends that the planning team customize the prepopulated data to better fit jurisdiction or agency plans. The activity table columns include:

#### Plan Reference

This column provides an area for the Exercise Planning Team to provide a reference to the jurisdiction or agency plan that specifically cites the identified task. This reference will help evaluators prepare for the exercise; when they review the EEGs, they can easily find the source of their assigned evaluation in the associated plan. When the evaluators submit strengths and recommendations for improvement areas, they will have the plan reference available for AAR input.

#### Tasks

Each row of this column is a tactical task or an element that demonstrates the associated activity. Many of these tasks are generic. The Exercise Planning Team should edit the task so that the EEG captures who, what, and how the task will be accomplished as outlined in the jurisdiction or agency plan.

#### Metric

The metric column is prepopulated for tasks within the TCL, if available. Since the TCL is written at a high level applicable to many government agencies, most tasks do not have preidentified performance measures. The Exercise Planning Team should populate this column for each task based on the plan being validated. For example, if the task is “EOC Duty Officer (who) should recall Level 1 staff (what) using cell phone notification roster (how),” the metrics should include the percentage of the staff and the time standards (e.g., 100 percent recall contact within 30 minutes). Applying localized performance measures will provide more credibility to the evaluation and allow for more tangible improvement actions.

The screenshot shows the 'Develop and Maintain Training and Exercise Programs' section of the EEG Analysis Form. It includes a table with columns: Plan Ref, Task, Metric, Yes, No, and Time. The first row has a task: 'Develop and implement resource logistics and distribution training programs'. The second row has a task: 'Develop and implement training in emergency logistics that incorporates linkages among damage/hazards assessment, logistics management and volunteer/donations management'. The third row has a task: 'Validate resource logistics, distribution plans, and training programs using exercises ranging from tabletop to full-scale'. Below the table is an 'Activity Analysis' section with fields for Strengths, Areas for Improvement, Root Cause, and Additional Observations.

This screenshot is similar to the one above, showing the same table and activity analysis section. A blue arrow points to the 'Metric' column in the first row of the table.



### Yes, No, and Time

These columns are for evaluators to use when analyzing their notes and logs during the evaluator debriefing and should remain blank during EEG template customization.

### Activity Analysis

These columns are for evaluators to use when analyzing their notes and logs during the evaluator debriefing and should remain blank during EEG development. The activity analysis bullet points are where the evaluators identify strengths and areas for improvement during the exercise, can be used for the AAR executive summary, and will serve as the observation titles during AAR development. Each strength or area for improvement bullet point will have its own AAR data input form. These columns are left alone during the actual template customization.

The screenshot shows a portion of the EEG template. At the top, there are columns for 'Yes', 'No', and 'Time'. Below these is the 'Activity Analysis' section, which includes a table for 'Observations' and a section for 'Areas for Improvement' with bullet points for 'Root Cause'.

The Exercise Planning Team should repeat these design steps for each column of the remaining activity tables in the EEG template that correlate to the exercise scope and objectives.

## AAR Data Input Form

To accurately capture evaluator observations and recommended improvement actions, the AAR data input form mirrors the HSEEP AAR/Improvement Plan (IP) format and data fields in the Corrective Action Program (CAP) System. The AAR data input form has directions highlighted in gray for each data field to help evaluators populate the form. The design team should include these instructions as part of evaluator orientation and guidance in the Controller and Evaluator (C/E) Handbook. Once included in the C/E Handbook, the instructions can be deleted from the data input form template so that evaluators have more room to write. The Exercise Planning Team should instruct evaluators to complete one data input form for each strength or area for improvement from the analysis form. The planning team should also consider having enough copies of the AAR input form for each evaluator if they decide to provide written comments or e-mail an electronic version for typed comments.

The screenshot shows the AAR Data Input Form. It has a header section with 'Exercise Name' and 'Exercise Date'. Below this is a table with columns for 'Observation', 'Analysis', and 'Recommendation'. The 'Observation' column has a blue arrow pointing to it.

## Header and Footer

In completing the customization, the Evaluation Planning Team should:

- Update the EEG template header with the exercise name and dates (both the AAR input form and analysis form).
- Delete the customization reminder at the top of the header.
- Customize the footer with the appropriate exercise program name or series, if applicable.

[Jurisdiction or Agency]

[Exercise Name]

[Exercise Date]

## **Evaluator Guidelines and Exercise Evaluation Guide (EEG) User Guide**

The goal of this exercise evaluation is to validate strengths and identify improvement opportunities for the [plan]. In the [exercise name], evaluation will attempt to validate plan contents, procedures, and protocols of participating agencies and determine their level of capability with regard to [list exercise target capabilities]. Operations-based validation attempts to answer the following questions:

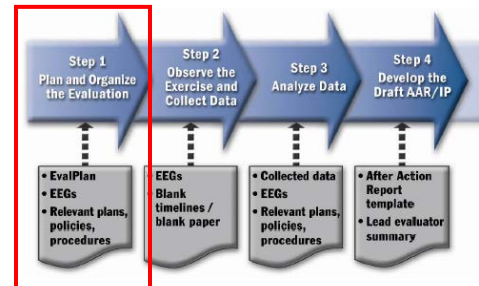
- Did personnel execute established plans, procedures, and protocols accordingly?
- Did personnel execute tasks within identified metrics?
- Through task execution, did personnel demonstrate they had received appropriate training?
- During task execution, did personnel use the appropriate identified and provided equipment?
- Are appropriate leadership and organizational protocols in place, and were they established to manage task execution?

### **Evaluation Steps**

#### **1. Preexercise Preparation**

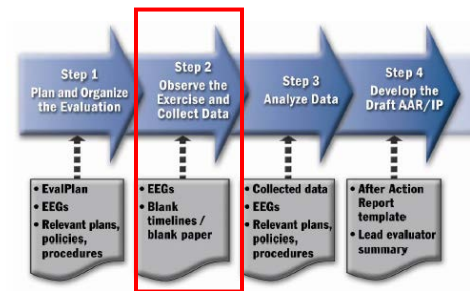
Before the exercise, you should be familiar with the exercise objectives, Master Scenario Events List (MSEL), injects, key evaluation areas, and EEG contents.

- Review appropriate plans, procedures, and protocols, including the [plan].
- Attend required evaluator training and other briefings.
- Review appropriate exercise materials, including the exercise schedule and evaluator instructions.
- Review the EEGs and other supporting materials for your area of responsibility.



#### **2. Observing the Exercise**

During the exercise, you should not focus on filling out the EEG analysis forms. Instead, closely monitor participant actions and take detailed notes relative to your assigned area of evaluation. You should be familiar with the activities and tasks for evaluation, but do not jump ahead to analysis until the exercise has ended. As applicable, make references in your notes to specific exercise objectives or target capabilities.



- Your primary duty is to document player actions. After the exercise, that information will be used to determine whether the exercised capabilities and plans were effectively demonstrated and to identify strengths and improvement items.
- Do not prompt players with specific responses or interfere with player performance in any way.
- Reference EEGs to confirm objectives are being met; advise the lead controller if they are not.

[Jurisdiction or Agency]

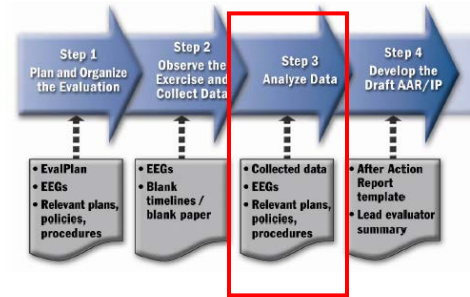
[Exercise Name]

[Exercise Date]

### 3. Data Analysis

After the exercise, use your EEG data analysis form to help organize your notes in categorized data for the After Action Report (AAR). The analysis form lists all of the critical tasks that should have been completed or addressed (based on exercise objectives) along with applicable metrics for each critical task. Similar tasks are grouped within activity tables.

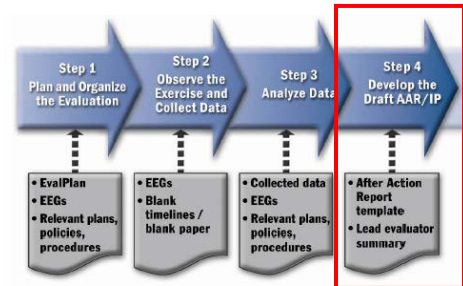
You will also identify strengths and areas for improvement for each activity. These bullet points will serve as your observation titles for the AAR input. After the exercise, as you are conducting your analysis, you should:



- Participate in the Hot Wash, and take notes on findings identified by players. Before the Hot Wash, do not discuss specific issues or problems with participants.
- After the Hot Wash, summarize your notes and prepare for the Controller and Evaluator Debriefing. Have your summary ready for the lead evaluator, including bulleted strengths and areas for improvement from the activity analysis
- Use data to determine whether the exercise capabilities and plans were effectively implemented.
- Use data to identify observations as strengths or areas for improvement.

### 4. AAR Development

Take the detailed notes that you analyzed at the activity level and provide detailed recommendations for continuous improvement. The AAR input form has four major fields that should be completed for each strength or area for improvement:



- **Observation.** This is a one-sentence statement that identifies the strength or area for improvement as noted in the activity analysis tables. This field is followed by check boxes to identify the capability preparedness element under which the root cause of this observation falls.
- **Reference.** This field provides an area to reference relevant plans, policies, procedures, laws, or regulations that could be used to facilitate implementing recommendations for improvement or capturing strengths.
- **Analysis.** This field provides an area to document detailed data on what you observed during the exercise specific to this individual observation. This is where you will provide the who, why, and what of the strength or area for improvement based on your notes.
- **Recommendations.** These are suggested steps to allow the participants to further improve the plans or share strengths. Recommendations should be targeted specifically at the individual observation and capability element that was determined to be the root cause of the observation.

Remember to complete one AAR input form for each bullet point from your activity analysis tables. The Exercise Planning Team will use these input forms to build the exercise AAR. The team assembling the AAR should review the content of the AAR input form and identify any possible revisions before pasting it into the AAR document.

[EXERCISE NAME]

[EXERCISE DATE]

Operations-Based Exercise Evaluation Guide (EEG) After Action Report (AAR) Input Form

<b>Capability</b>	
<b>Activity</b>	
<b>Observation</b>	<p>[Insert a short, complete sentence that describes the general observation. Then select from the lists below whether the observation is a strength or an area for improvement. A strength is an observed action, behavior, procedure, and/or practice that is worthy of recognition and special notice. Areas for improvement are those areas in which the evaluator observed that a necessary task was not performed or that a task was performed with notable problems. Lastly, identify the capability element that this observation falls under.]</p>
<input type="checkbox"/> Noted Strength	<input type="checkbox"/> Area for Improvement
<b>Capability Element</b>	
<input type="checkbox"/> Equipment <input type="checkbox"/> Organization <input type="checkbox"/> Personnel	<input type="checkbox"/> Planning <input type="checkbox"/> Process <input type="checkbox"/> Training
<b>References (Standards, Policies, or Plans)</b>	<p>[List relevant plans, policies, procedures, laws, and/or regulations, or sections of these plans, policies, procedures, laws, and/or regulations. If no references apply to the observation, it is acceptable to list "N/A" or "Not Applicable."]</p> <p>1. 2. 3.</p>
<b>Analysis</b>	<p>[Include a description of the behavior or actions at the core of the observation, as well as a brief description of what happened and the consequence(s) (positive or negative) of the action or behavior. If an action was performed successfully, include any relevant innovative approaches utilized by the exercise participants. If an action was not performed adequately, the root causes contributing to the shortcoming must be identified.]</p>
<b>Recommendations</b>	<p>[Insert recommendations to address identified areas for improvement, based on the judgment and experience of the evaluation team. If the observation was identified as a strength without corresponding recommendations, insert "None."]</p> <p>1. 2. 3.</p>



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Animal Disease Emergency Support	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Plan and prepare to safeguard animal health. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop animal safety and security plans, programs, and agreements. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for control of large-scale animal disease events. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for long-term animal healthcare. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop protocols for disposing of infectious agricultural waste. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop plans to collect and dispose of infected material to reduce the spread of animal disease. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement programs to safeguard animal health. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating public information.  	[From plan]			
[Name, Pg/Sec#]	Facilitate the development of processes to improve security at key points and at access points of critical infrastructure.  	[From plan]			
[Name, Pg/Sec#]	Facilitate the development of processes to improve cargo security and screening capabilities.  	[From plan]			
[Name, Pg/Sec#]	Manage community assistance programs.  	[From plan]			
[Name, Pg/Sec#]	Develop community recovery, mitigation, and economic stabilization plans, programs, and procedures.  	[From plan]			
[Name, Pg/Sec#]	Collect information about threats to the Nation's food supply.  	[From plan]			
[Name, Pg/Sec#]	Conduct vulnerability assessments to assess vulnerability of potential targets to identified threats.  	[From plan]			
[Name, Pg/Sec#]	Conduct surveillance for food and agriculture safety and defense.  	[From plan]			
[Name, Pg/Sec#]	Evaluate intelligence and surveillance activities.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Prioritize threats.  	[From plan]			
[Name, Pg/Sec#]	Conduct surveillance and information collection, and produce intelligence.  	[From plan]			
[Name, Pg/Sec#]	Conduct border control operations.  	[From plan]			
[Name, Pg/Sec#]	Inspect materials for potential chemical, biological, radiological, nuclear, and/or high-yield explosives (CBRNE) weapons or precursors.  	[From plan]			
[Name, Pg/Sec#]	Use advanced information as well as targeting and technology on the ground, on the water, and in the air to prevent entry of terrorists, terrorist weapons, and other high-risk people and goods between and among States, tribes, and international trade partners.  	[From plan]			
[Name, Pg/Sec#]	Identify critical infrastructure and key assets within the Nation, region, State, or local area.  	[From plan]			
[Name, Pg/Sec#]	Map threat analysis against critical infrastructure to identify and analyze infrastructure asset vulnerabilities and critical risk.  	[From plan]			
[Name, Pg/Sec#]	Conduct consequence analysis of critical assets and key resources.  	[From plan]			
[Name, Pg/Sec#]	Implement deterrence and defense protection measures.  	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement detection measures such as inspection surveillance, employee monitoring, and security counterintelligence.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


### Develop and Maintain Training and Exercise Programs

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct training and exercise programs for distribution of prophylaxis for animal health.	[From plan]			
[Name, Pg/Sec#]	Develop and implement training and procedures to enable local veterinary communities to recognize exposure to CBRNE materials and to use tools and equipment to detect the presence of CBRNE materials.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Train the public to be aware and to report suspicious items and behavior.</i>	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Direct Animal Disease Emergency Support Tactical Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Implement plans and procedures for animal health response.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Coordinate animal-health emergency response operations.</i>	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate and provide regional and State resources and procedures for the response to an outbreak of highly contagious animal and plant diseases.   	[From plan]			
[Name, Pg/Sec#]	Conduct internal communications for animal health response.   	[From plan]			
[Name, Pg/Sec#]	Coordinate animal safety and biosecurity response.   	[From plan]			
[Name, Pg/Sec#]	Provide coordination and support for animal healthcare through the Incident Command System (ICS).   	[From plan]			
[Name, Pg/Sec#]	Coordinate animal health disease outbreak assessment activities.   	[From plan]			
[Name, Pg/Sec#]	Provide coordination and support for implementation of a local, regional, or national distribution system for mass animal therapeutics and vaccination program.   	[From plan]			
[Name, Pg/Sec#]	Coordinate emergency public information regarding animal health issues through the Joint Information System (JIS).   	[From plan]			
[Name, Pg/Sec#]	Exchange and disseminate data as necessary for appropriate animal treatment.   	[From plan]			
[Name, Pg/Sec#]	Coordinate site cleanup.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide personal protective equipment (PPE) to personnel involved in animal health response site operations and cleanup.   	[From plan]			
[Name, Pg/Sec#]	Coordinate epidemiological investigations and lab testing for disease outbreaks.   	[From plan]			
[Name, Pg/Sec#]	Establish and maintain information systems across animal-health related response entities.   	[From plan]			
[Name, Pg/Sec#]	Coordinate food and agriculture emergency management plans at the local, State, and national levels.   	[From plan]			
[Name, Pg/Sec#]	Direct and coordinate food and agricultural safety and defense operations.   	[From plan]			
[Name, Pg/Sec#]	Coordinate transportation response.   	[From plan]			
[Name, Pg/Sec#]	Allocate, mobilize, and manage resources for animal health operations.   	[From plan]			
[Name, Pg/Sec#]	Track and report resources for animal health operations.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
_____
_____
_____
_____
_____

**Activate Animal Disease Emergency Support**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate animal health operations.	[From plan]			
[Name, Pg/Sec#]	Establish and maintain animal health response communication systems across responsible entities.	[From plan]			
[Name, Pg/Sec#]	Monitor and coordinate response team's possessions and deliveries of needed supplies.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
_____
_____
_____
_____
_____

### Conduct Animal Health Epidemiological Investigation and Surveillance

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct ongoing monitoring and surveillance of agricultural and animal health safety and security.	[From plan]			
[Name, Pg/Sec#]	Conduct epidemiological investigation as surveillance reports warrant, and coordinate Federal, State, and local veterinary assets and services.	[From plan]			
[Name, Pg/Sec#]	Coordinate Federal, State, and local veterinary assets and services.	[From plan]			
[Name, Pg/Sec#]	Determine whether foreign animal disease agent is intentional or accidental.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct animal tracing to determine source, destination, and disposition of affected animals.	[From plan]			
[Name, Pg/Sec#]	Determine whether an emerging infectious animal disease agent or a biological threat agent consists of single or multiple strains.	[From plan]			
[Name, Pg/Sec#]	Coordinate with vector control experts to conduct surveillance and monitoring of animal infections until population densities and infection rates return to prevent levels.	[From plan]			
[Name, Pg/Sec#]	Obtain samples for lab testing.	[From plan]			
[Name, Pg/Sec#]	Search for materials.	[From plan]			
[Name, Pg/Sec#]	Dispose of materials suspected of being, or known to be, dangerous.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_


### Implement Disease Containment Measures

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement plans, procedures, protocols, and systems for distribution of mass prophylaxis from the National Veterinary Stockpile (NVS).	[From plan]			
[Name, Pg/Sec#]	Implement animal control measures for infected animals threatening the public's health (includes stray pets, domestic animals, and wild animals).	[From plan]			
[Name, Pg/Sec#]	Coordinate and support implementation of protective actions to stop the spread of disease.	[From plan]			
[Name, Pg/Sec#]	Provide human vaccination during animal health emergency if needed.	[From plan]			
[Name, Pg/Sec#]	Conduct strategic vaccinations or treatments of animals.	[From plan]			
[Name, Pg/Sec#]	Implement plans to collect and dispose of infected material to reduce the spread of animal disease.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate cleaning and decontamination of affected food facilities.	[From plan]			
[Name, Pg/Sec#]	Determine wildlife exposure and disposition.	[From plan]			
[Name, Pg/Sec#]	Conduct hazardous materials response for disinfectants used in animal health response.	[From plan]			
[Name, Pg/Sec#]	Coordinate and conduct environmental decontamination for animal health response.	[From plan]			
[Name, Pg/Sec#]	Implement protocols for disposing of infectious agricultural waste.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_


### Provide Animal Welfare

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct an animal safety and biosecurity response.	[From plan]			
[Name, Pg/Sec#]	Provide husbandry services.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Euthanasia/Disposal**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Euthanize animals to prevent spread of disease.	[From plan]			
[Name, Pg/Sec#]	Collect and dispose of animal-health response materials.	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate agencies to implement disposal methods for agricultural waste, including carcasses, that reduce the spread of animal disease.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Animal Disease Emergency Support Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop an animal health response operation demobilization plan.  	[From plan]			
[Name, Pg/Sec#]	Implement the animal health response operation demobilization plan.  	[From plan]			
[Name, Pg/Sec#]	Restore animal health response personnel and equipment to normal operations.  	[From plan]			
[Name, Pg/Sec#]	Complete appropriate documentation for demobilization of animal health operations.  	[From plan]			
[Name, Pg/Sec#]	Coordinate recovery operations.  	[From plan]			
[Name, Pg/Sec#]	Coordinate establishment of long-term monitoring of the environment.  	[From plan]			
[Name, Pg/Sec#]	Conduct long-term environmental impact assessments.  	[From plan]			
[Name, Pg/Sec#]	Provide engineering and other support for structures, public works, and infrastructure systems.  	[From plan]			
[Name, Pg/Sec#]	Provide economic stabilization, community recovery, and mitigation support and/or financial restitution to key service sectors (e.g., medical, financial, public health and safety).  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Animal Disease Emergency Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide financial management and reimbursement to affected agriculture entities.	[From plan]			
[Name, Pg/Sec#]	Coordinate economic stabilization.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

CBRNE Detection	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and maintain plans and processes for chemical, biological, radiological, nuclear, and/or high-yield explosives (CBRNE) detection and communication operations.	Updated every 12 months			
[Name, Pg/Sec#]	Develop regional CBRNE coordination plans or activities involving all Federal, State, local, tribal, and private stakeholders.	[From plan]			
[Name, Pg/Sec#]	Develop policies and protocols for determining appropriate locations for detection operations ("interdiction points") for each CBRNE agent.	[From plan]			
[Name, Pg/Sec#]	Develop processes to identify, acquire, and integrate appropriate detection technology in operational environments for each CBRNE agent.	[From plan]			
[Name, Pg/Sec#]	Develop protocols for resolving CBRNE alarms.	[From plan]			
[Name, Pg/Sec#]	Develop procedures on how to receive threat information from law enforcement/intelligence agencies regarding CBRNE agents.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop procedures on how to notify appropriate officials of CBRNE detection results.  	[From plan]			
[Name, Pg/Sec#]	Develop standards for detection technologies for each CBRNE agent, including sensitivity and selectivity standards.  	[From plan]			
[Name, Pg/Sec#]	Develop and implement global standards for cargo screening for each CBRNE agent in coordination with transportation screening.  	[From plan]			
[Name, Pg/Sec#]	Develop and implement equipment acquisition and certification standards for each CBRNE agent.  	[From plan]			
[Name, Pg/Sec#]	Develop technology standards for existing detection technologies used by the government and private sector for each CBRNE agent.  	[From plan]			
[Name, Pg/Sec#]	Develop technology standards for emerging detection technologies for each CBRNE agent.  	[From plan]			
[Name, Pg/Sec#]	Validate analytical methods to detect CBRNE material.  	[From plan]			
[Name, Pg/Sec#]	Establish policies and agreements to enhance and maintain adequate resources and technologies for detection operations for each CBRNE agent.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish coordination and/or mutual aid agreements with external CBRNE detection and alarm resolution capabilities.   	[From plan]			
[Name, Pg/Sec#]	Establish protocols to ensure that technical support (either onsite or reachback) is available during detection operations for each CBRNE agent.   	[From plan]			
[Name, Pg/Sec#]	Identify financial and technological gaps in detection resources for each CBRNE agent.   	[From plan]			
[Name, Pg/Sec#]	Acquire and allocate resources to address identified financial gaps in detection for each CBRNE agent.   	[From plan]			
[Name, Pg/Sec#]	Establish a research and development program to address shortfalls in technologies for detecting CBRNE material.   	[From plan]			
[Name, Pg/Sec#]	Establish policies and agreements to facilitate the sharing and dissemination of information on CBRNE detection across stakeholders.   	[From plan]			
[Name, Pg/Sec#]	Develop processes for obtaining data regarding evolving CBRNE threats in coordination with the Intelligence and Information Sharing and Dissemination capability.   	[From plan]			
[Name, Pg/Sec#]	Develop procedures to facilitate the exchange of CBRNE detection-related information and data among Federal, State, local, and tribal agencies.   	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish policies and procedures for detection of each CBRNE agent and the communication of CBRNE detection results and warnings.   	[From plan]			
[Name, Pg/Sec#]	Establish and maintain an interoperable information network for detection of each CBRNE agent.   	[From plan]			
[Name, Pg/Sec#]	Develop and implement a program to conduct detection of each CBRNE agent at critical infrastructure/key resources (CI/KR) in coordination with the Critical Infrastructure Protection capability.   	[From plan]			
[Name, Pg/Sec#]	Conduct a CBRNE threat assessment for CI/KR.   	[From plan]			
[Name, Pg/Sec#]	Conduct detection requirements analysis for each CBRNE agent for CI/KR.   	[From plan]			
[Name, Pg/Sec#]	Identify locations to place detection devices at CI/KR for each CBRNE agent.   	[From plan]			
[Name, Pg/Sec#]	Prioritize and allocate CBRNE detection resources for CI/KR in coordination with the Critical Infrastructure Protection capability.   	[From plan]			
[Name, Pg/Sec#]	Deploy fixed and mobile detection resources to CI/KR for each CBRNE agent.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and maintain training programs to support CBRNE detection and communication operations.	[From plan]			
[Name, Pg/Sec#]	Identify personnel for CBRNE detection training.	[From plan]			
[Name, Pg/Sec#]	Develop and implement training to enable personnel (e.g., first responders, law enforcement, intelligence, medical community) to recognize the presence of CBRNE material.	100% of identified personnel			
[Name, Pg/Sec#]	Establish key personnel training standards for CBRNE detection.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide CBRNE support equipment and threat device handling training to operations and investigation personnel.	[From plan]			
[Name, Pg/Sec#]	Develop and implement public education campaigns/trainings for CBRNE awareness.	[From plan]			
[Name, Pg/Sec#]	Publish and distribute CBRNE detection awareness material.	[From plan]			
[Name, Pg/Sec#]	Test and exercise CBRNE detection and communication protocols regularly.	Detection: every 12 months; notification: every 3 months			
[Name, Pg/Sec#]	Prepare AARs, and update CBRNE detection and communication protocols as necessary, based on lessons learned during exercises.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Detect CBRNE

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct CBRNE detection operations in communities for illegal manufacture and/or use. _____ _____	[From plan]			
[Name, Pg/Sec#]	Investigate a venue for the possible placement of a CBRNE device. _____ _____	[From plan]			
[Name, Pg/Sec#]	Detect the use of CBRNE material in a community and/or venue. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct continuous and ad hoc CBRNE material detection in a community and/or venue. _____ _____	[From plan]			
[Name, Pg/Sec#]	Detect illegal manufacturing of CBRNE material at potential manufacturing sites. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct CBRNE detection operations at key transportation points. _____ _____	[From plan]			
[Name, Pg/Sec#]	Detect CBRNE material on people or items entering events, aircraft, mass transit, or other high-impact targets. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Inspect and monitor cargo at key interdiction points for potential CBRNE material.	[From plan]			
[Name, Pg/Sec#]	Identify potential CBRNE material at key interdiction points requiring further inspection.	[From plan]			
[Name, Pg/Sec#]	Detect the ground, air, and sea transport and/or deployment of CBRNE material into and within the United States and its Territories.	[From plan]			
[Name, Pg/Sec#]	Screen people to detect CBRNE material at all ports of entry.	[From plan]			
[Name, Pg/Sec#]	Screen material (e.g., baggage, mail) to detect CBRNE material at all ports of entry (e.g., seaports, airports, border crossing points).	[From plan]			
[Name, Pg/Sec#]	Provide point and standoff detection resources.	[From plan]			
[Name, Pg/Sec#]	Conduct CBRNE detection operations at CI/KR locations.	[From plan]			
[Name, Pg/Sec#]	Screen people to detect CBRNE material at all CI/KR locations.	[From plan]			
[Name, Pg/Sec#]	Screen material (e.g., baggage, mail) to detect CBRNE material at all CI/KR.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Use intelligence information to focus CBRNE material searches and surveillance activities.	[From plan]			
[Name, Pg/Sec#]	Use intelligence information to target suspect containers or shipments.	[From plan]			
[Name, Pg/Sec#]	Detect the theft or diversion of CBRNE materials.	[From plan]			
[Name, Pg/Sec#]	Coordinate with animal health and epidemiological surveillance personnel to focus CBRNE detection on public health and medical information (e.g., syndromic surveillance and medical diagnostic tests).	[From plan]			
[Name, Pg/Sec#]	Implement protocols for resolving CBRNE alarms and detecting suspect material.	[From plan]			
[Name, Pg/Sec#]	Document and maintain results from detection alarms and responses.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_


### Identify and/or Characterize CBRNE Material

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct additional screenings to confirm the presence of CBRNE materials.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Provide samples to relevant entities (e.g., public health or animal health laboratories, law enforcement, forensic laboratories) for additional assessments, as necessary.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Conduct appropriate tests and assessments to characterize and identify detected CBRNE material.	100% correctly identified			
	_____				
	_____				
[Name, Pg/Sec#]	Determine whether detected CBRNE material is a threat.	100% identification			
	_____				
	_____				
[Name, Pg/Sec#]	Gather CBRNE material detection information that can be used in attribution efforts to appropriate personnel, including law enforcement and intelligence community personnel.	[From plan]			
	_____				
	_____				

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Communicate CBRNE Detection Incidents**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate CBRNE material threat and discovery information with intelligence, public safety, public health, and other appropriate agencies.	[From plan]			
[Name, Pg/Sec#]	Notify appropriate personnel (e.g., intelligence community, law enforcement, first responders, public) of CBRNE detection data and results.	[From plan]			
[Name, Pg/Sec#]	Communicate data and observations using appropriate formats and standards.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

CBRNE Detection

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Citizen Evacuation and Shelter-in-Place**

*Relevant Exercise Objectives*

- ☐
- ☐
- ☐

- ☐
- ☐
- ☐

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, procedures, and protocols to manage evacuations and sheltering in place. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop evacuation procedures for populations and locations at risk (including high-density areas, neighborhoods, high-rise buildings, subways, airports, special event venues) and institutions that should begin evacuations early (e.g., hospitals, nursing homes, long-term care facilities, correctional facilities). _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop and distribute public education materials on evacuation/shelter-in-place preparation, plans, and procedures. _____ _____	[From plan]			
[Name, Pg/Sec#]	Participate in citizen preparedness activities to ensure that public information on evacuation/shelter-in-place preparation and processes is effectively communicated. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop and implement programs to train local citizens on evacuation, reentry, and shelter-in place processes. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in establishment of public information announcements to be issued as part of evacuation or shelter-in-place orders.   	[From plan]			
[Name, Pg/Sec#]	Develop and implement plans and procedures to identify in advance populations that require assistance during evacuation or sheltering in place.   	[From plan]			
[Name, Pg/Sec#]	Establish registry of populations that require assistance during evacuation or sheltering in place.   	[From plan]			
[Name, Pg/Sec#]	Develop and implement procedures to identify and arrange for transportation to accommodate immobilized individuals or others who require special assistance during transport.   	[From plan]			
[Name, Pg/Sec#]	Develop plans and procedures for identifying during an incident populations that require assistance with evacuation, including identification of type of assistance required.   	[From plan]			
[Name, Pg/Sec#]	Establish processes to ensure that immobilized and other individuals who require special assistance can be moved to collection points for evacuation.   	[From plan]			
[Name, Pg/Sec#]	Establish processes for identifying and collecting individuals who do not go to collection points.   	[From plan]			
[Name, Pg/Sec#]	Preidentify evacuee collection points and staging/reception areas (for immediate sheltering and processing).   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Prearrange contracts and agreements to ensure provision of transportation vehicle and drivers during an incident.   	[From plan]			
[Name, Pg/Sec#]	Identify and arrange for staging and use of resources from outside the planning area.   	[From plan]			
[Name, Pg/Sec#]	Develop plans and procedures to get resources to those who have sheltered in place (long term—3 days or more).   	[From plan]			
[Name, Pg/Sec#]	Develop plans and procedures for coordinating with other agencies to meet basic needs during evacuation.   	[From plan]			
[Name, Pg/Sec#]	Develop agreements with neighboring areas regarding movement and receipt of evacuees from the affected area.   	[From plan]			
[Name, Pg/Sec#]	Develop plans and procedures for evacuation/shelter-in-place of companion animals.   	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	
Areas for Improvement	
•	– Root Cause
•	– Root Cause
•	– Root Cause
Additional Observations: _____	
_____	
_____	
_____	
_____	
_____	

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement training programs for staff involved in evacuation/shelter-in-place implementation.	[From plan]			
[Name, Pg/Sec#]	Develop and implement exercises involving evacuation of various types of locations to local shelters as well as more distant cities.	[From plan]			
[Name, Pg/Sec#]	Assess the training and exercise gaps.	[From plan]			
[Name, Pg/Sec#]	Review existing training and exercise resources available for participation and/or inclusion in comprehensive training and exercise strategy.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Direct Evacuation and/or In-Place Protection Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<p>Identify populations, institutions (e.g., hospitals, nursing homes, correctional facilities) and locations to be evacuated or sheltered in place.</p> <p>_____</p> <p>_____</p>	[From plan]			
[Name, Pg/Sec#]	<p>Coordinate with law enforcement to identify risk (e.g., from a potential terrorist attack) to transportation infrastructure that may be used for evacuation.</p> <p>_____</p> <p>_____</p>	[From plan]			
[Name, Pg/Sec#]	<p>Coordinate with law enforcement to anticipate secondary attack, and identify security and survival vulnerabilities of the evacuated or sheltered population and protective countermeasures.</p> <p>_____</p> <p>_____</p>	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify appropriate decisionmaking authority responsible for deciding a course of action to address the incident.   	[From plan]			
[Name, Pg/Sec#]	Determine appropriate course of action to address the incident.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with serving Public Service Answering Points (PSAPs) regarding communication of the evacuation and/or shelter-in-place decision.   	[From plan]			
[Name, Pg/Sec#]	Reassess evacuation/shelter-in-place plans, and begin implementation.   	[From plan]			
[Name, Pg/Sec#]	Reassess location of evacuation collection points and staging areas identified in plans, and adjust as needed.   	[From plan]			
[Name, Pg/Sec#]	Reassess evacuation traffic management plan, and adjust as needed.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with mass care, medical, and other services to set up evacuation staging areas.   	[From plan]			
[Name, Pg/Sec#]	Reassess emergency evacuation routes, and adjust as needed.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with transportation agencies to implement evacuation plans.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with mass care services to identify location of shelter facilities and other mass care services for evacuees.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with mass care agencies to assess the need for emergency feeding and sheltering activities.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate agencies regarding caring for companion animals in transit.   	[From plan]			
[Name, Pg/Sec#]	Coordinate medical assistance for special-needs evacuees in transit.   	[From plan]			
[Name, Pg/Sec#]	Notify appropriate agencies of anticipated medical assistance required upon arrival at temporary locations (e.g., staging area, shelters).   	[From plan]			
[Name, Pg/Sec#]	Coordinate with hazardous materials (HazMat) personnel to conduct decontamination of evacuees, including those with disabilities and medical needs (including their equipment).   	[From plan]			
[Name, Pg/Sec#]	Coordinate with environmental health to monitor progress of affected area to determine when reentry is deemed appropriate.   	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Activate Evacuation and/or In-Place Protection**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify and mobilize appropriate personnel.	[From plan]			
[Name, Pg/Sec#]	Issue shelter-in-place order.	[From plan]			
[Name, Pg/Sec#]	Coordinate with agencies providing emergency public information and warning to ensure effective communication of evacuation/shelter-in-place order and procedures.	[From plan]			
[Name, Pg/Sec#]	Determine locations of populations that may need assistance with evacuation from affected area (e.g., using preestablished registry of populations in facilities).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement plan to capture self-reporting by those requiring assistance with evacuation (e.g., via hotline).	[From plan]			
[Name, Pg/Sec#]	Conduct triage upon identification to determine type of assistance required.	[From plan]			
[Name, Pg/Sec#]	Implement systems for tracking evacuees and those who shelter in place.	[From plan]			
[Name, Pg/Sec#]	Implement notification protocols for communication to PSAPs (911 centers).	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Implement Evacuation Orders for General Population**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide public notification agencies with information to provide instructions for evacuation.  	[From plan]			
[Name, Pg/Sec#]	Activate approved traffic control plan.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate agencies regarding support for traffic control.  	[From plan]			
[Name, Pg/Sec#]	Provide information regarding evacuation staging area location.  	[From plan]			
[Name, Pg/Sec#]	Implement procedures for allowing voluntary tracking of evacuees who participate voluntarily.  	[From plan]			
[Name, Pg/Sec#]	Monitor evacuation traffic flow/demand, and adjust evacuation traffic management plan and measures as appropriate.  	[From plan]			
[Name, Pg/Sec#]	Provide services (e.g., gas, food, water, tow trucks) along the evacuation route(s).  	[From plan]			
[Name, Pg/Sec#]	Monitor evacuation traffic to identify those no longer able to self-evacuate and requiring specialized assistance.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Collect and Evacuate Population Requiring Assistance**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Order transportation services for evacuation. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with supporting agencies and prearranged providers to obtain appropriate means of transportation for those requiring transportation assistance (e.g., buses, ambulances, handicap-assisted vans). _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement plans for providing alternative means of transport for immobilized individuals or those needing other special assistance in transit. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide appropriate specialized transportation services for those requiring additional support during evacuation.   	[From plan]			
[Name, Pg/Sec#]	Coordinate provision of medical support services for evacuating special-needs populations.   	[From plan]			
[Name, Pg/Sec#]	Collect individuals at preestablished collection points, and transfer to staging/reception area.   	[From plan]			
[Name, Pg/Sec#]	Collect individuals at nonspecified locations, and transfer to staging/reception area.   	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Operate Evacuation Staging/Reception Area**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish evacuation staging/reception area.  	[From plan]			
[Name, Pg/Sec#]	Conduct security sweeps of evacuation staging/reception areas prior to occupancy, if incident is a terrorist attack or suspected terrorist attack.  	[From plan]			
[Name, Pg/Sec#]	Provide, in coordination with mass care, for basic needs support and processing of evacuated individuals and companion animals in preparation for further movement.  	[From plan]			
[Name, Pg/Sec#]	Provide, in coordination with medical care, access to medical services for evacuated individuals in staging/reception area.  	[From plan]			
[Name, Pg/Sec#]	Provide, in coordination with the Weapons of Mass Destruction (WMD) and HazMat Response and Decontamination capability, for decontamination of evacuated individuals if necessary (including those with medical needs).  	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate agencies to address needs of those requiring assistance.  	[From plan]			
[Name, Pg/Sec#]	Provide tracking of people needing evacuation assistance.  	[From plan]			
[Name, Pg/Sec#]	Provide voluntary registration/tracking system for general population to support reunification.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**Manage Incoming Evacuees**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish reception areas/centers for evacuees in the host jurisdiction.	[From plan]			
[Name, Pg/Sec#]	Monitor traffic movement of self-evacuees into/through area, and redirect as necessary.	[From plan]			
[Name, Pg/Sec#]	Coordinate with support agencies to provide short-term needs for evacuees, such as directions, information, shelter, medical care, and other assistance.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Plan, in coordination with social service agencies, for long-term support for evacuees (e.g., temporary housing, schools, job searches).</i>	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Implement In-Place Protection Procedures**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Identify steps to reduce infiltration of hazard(s).</i>	[From plan]			
[Name, Pg/Sec#]	<i>Ensure access to emergency communications while sheltered in place.</i>	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Use emergency alert system and PSAPs to advise and update information of incident.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Assist Reentry

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Adapt and implement reentry plans as officials announce areas within the region to be approved for reentry.	[From plan]			
[Name, Pg/Sec#]	Assist in the reentry of people and pets into evacuated areas when appropriate and safe.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide reentry information to the public on a timely and ongoing basis.	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate agencies to provide instructions and information if reentry is not feasible.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Demobilize Citizen Evacuation and Shelter-in-Place Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Arrange for decontamination of equipment, supplies, and personnel used in evacuation/in-place protection.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Citizen Evacuation and Shelter-in-Place  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in incident debriefing on evacuation/in-place protection implementation.	[From plan]			
[Name, Pg/Sec#]	Release personnel supporting evacuation/in-place protection.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Communications**

*Relevant Exercise Objectives*

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**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop communications plans, policies, procedures, and systems that support required communications with all Federal, regional, State, local, and tribal governments and agencies as well as voluntary agencies. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop procedures for the exchange of voice and data with Federal, regional, State, local, and tribal agencies as well as voluntary agencies. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop supplemental and backup communications and information technology plans, procedures, and systems. _____ _____	[From plan]			
[Name, Pg/Sec#]	Identify emergency communications and data requirements for each stakeholder. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop a continuous improvement plan that enriches interoperable communications to provide advanced customer service, reliability, and operational effectiveness. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Complete an assessment of standard communications capabilities for the Public Safety Answering Points (PSAPs) and Public Safety Communications Centers to ensure an appropriate continuity of operations (COOP) plan is in place for public safety and service agencies' communications.	[From plan]			
[Name, Pg/Sec#]	Develop plans to provide telecommunications and information technology support to Federal, regional, State, local, and tribal officials and the private sector.	[From plan]			
[Name, Pg/Sec#]	Design reliable, redundant, and robust communications systems for daily operations capable of quickly reconstituting normal operations in the event of disruption or destruction.	[From plan]			
[Name, Pg/Sec#]	Coordinate procurement and placement of technology communications systems based on a gap analysis of requirements versus existing capabilities.	[From plan]			
[Name, Pg/Sec#]	Develop information systems protection procedures.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain automated credential verification systems to ensure proper credentialing for controlled access areas.	[From plan]			
[Name, Pg/Sec#]	Establish and maintain information systems across response entities.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop interoperable telecommunications and information technology systems across governmental departments and agencies.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement awareness training programs for response communications.	[From plan]			
[Name, Pg/Sec#]	Develop exercises/drills of sufficient intensity to challenge management and operations and to test the knowledge, skills, and abilities of individuals and organizations for response communications.	Every 12 months			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and conduct training to improve all-hazard incident management capability for response communications.	[From plan]			
[Name, Pg/Sec#]	Conduct an after action review to determine strengths and shortfalls, and develop a corrective plan accordingly for response communications.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Alert and Dispatch**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement incident communications interoperability plans and protocols.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Communicate incident response information. _____ _____	Within 60 seconds from call classification by dispatch			
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers. _____ _____	90% of communications received and understood			
[Name, Pg/Sec#]	Request external resources using the Emergency Management Assistance Compact (EMAC) and other mutual aid/assistance processes (inter- and intra-State). _____ _____	[From plan]			
[Name, Pg/Sec#]	Initiate documentation process of required forms and followup notations. _____ _____	[From plan]			
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications. _____ _____	[From plan]			
[Name, Pg/Sec#]	Ensure that all critical communications networks are functioning. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement procedures to protect information facility and communications network systems. _____ _____	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Provide Incident Command/First Responder/First Receiver/Interoperable Communications**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement incident communications interoperability plans and protocols.	[From plan or new Target Capabilities List (TCL)]			
[Name, Pg/Sec#]	Communicate incident response information.	Within 60 seconds from call classification by dispatch			
[Name, Pg/Sec#]	Coordinate incident site communications to be consistent with the National Incident Management System (NIMS) framework.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers.   	90% of communications received and understood			
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications.   	[From plan]			
[Name, Pg/Sec#]	Ensure that all critical communications networks are functioning.   	Continuous			
[Name, Pg/Sec#]	Establish and maintain response communications systems onsite.   	Continuous			
[Name, Pg/Sec#]	Implement procedures to protect information facility and communications network systems.   	Continuous			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Provide Emergency Operations Center (EOC) Communications Support**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement incident communications interoperability plans and protocols.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Communicate incident response information.	Within 60 seconds from call classification by dispatch			
	_____				
	_____				
[Name, Pg/Sec#]	Inform staff and management of interoperable communications requirements.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Provide direction, information, and/or support as appropriate to Incident Command or Unified Command and/or Joint Field Office(s).	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Coordinate and provide telecommunications and information technology support to Federal, regional, State, local, and tribal officials and the private sector.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Establish and ensure connectivity with the EOC/Multiagency Coordination Center (MACC).	Continuous			
	_____				
	_____				

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate communications policy and procedure across response entities.  	[From plan]			
[Name, Pg/Sec#]	Establish and maintain response communications systems onsite.  	Contin- uous			
[Name, Pg/Sec#]	Establish and maintain interoperable information systems network within the EOC.  	Contin- uous			
[Name, Pg/Sec#]	Coordinate placement of latest technology that is available to agencies participating in response.  	[From plan]			
[Name, Pg/Sec#]	Ensure redundant communications circuits/channels are available for use.  	Contin- uous			
[Name, Pg/Sec#]	Ensure that all critical communications networks are functioning.  	Contin- uous			
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers.  	90% of communi- cations received and under- stood			
[Name, Pg/Sec#]	Maintain a common operating picture (COP) for real-time sharing of information with all participating entities to ensure all responder agencies are working from the same information.  	Contin- uous			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications.	[From plan]			
[Name, Pg/Sec#]	Implement procedures to protect information facility and communications network systems.	[From plan]			
[Name, Pg/Sec#]	Coordinate and open State communications support/channels to local and tribal government and the private sector to assist in awareness, prevention, response, and recovery communications activities.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Federal Facilities, Task Force, and Recovery Assistance Interoperable Communications**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement incident communications interoperability plans and protocols.	[From plan]			
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers.	90% of communications received and understood			
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Return to Normal Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Use established common response communications language (i.e., plain English) to ensure information dissemination is timely, clear, acknowledged, and understood by all receivers.	90% of communications received and understood			
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notations on immediate response communications.	[From plan]			
[Name, Pg/Sec#]	Develop communications section of the demobilization plan.	[From plan]			
[Name, Pg/Sec#]	Initiate interoperable deactivation procedures.	[From plan]			
[Name, Pg/Sec#]	Monitor communications demobilization.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>

***\*\*Customize this template based on objectives to meet exercise needs\*\****

[EXERCISE NAME]

[EXERCISE DATE]

Communications

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Community Preparedness and Participation	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Establish Collaborative Structure and Process for Government and Nongovernmental Entities at All Levels**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish leadership support at the national, State, local, and tribal levels for Citizen Corps Councils.	[From plan]			
[Name, Pg/Sec#]	Establish and maintain Citizen Corps Councils at all levels of government: Federal, State, local, and tribal.	99% of population served by Citizen Corps Council			
[Name, Pg/Sec#]	Establish a strategic plan for the Citizen Corps Council's jurisdiction to engage all residents in preparedness, training, drills/exercises, and volunteer support, taking into account the jurisdiction's potential threats, critical infrastructure, population density, and population composition.	[From plan]			
[Name, Pg/Sec#]	Develop all-hazards preparedness requirements and a process to sustain citizen capabilities.	[From plan]			
[Name, Pg/Sec#]	Implement a process to count and assess membership of Citizen Corps Councils.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

***Integrate Public Outreach and Nongovernmental Resources into Emergency Operations Plans and Exercises***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Integrate citizen participation in the planning process at all levels.	100% of plans			
[Name, Pg/Sec#]	Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals with disabilities and their caregivers.	100% of plans			
[Name, Pg/Sec#]	Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals who do not speak English.	100% of plans			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals with low income and limited resources.</i>	<i>100% of plans</i>			
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for age-related issues and concerns.</i>	<i>100% of plans</i>			
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for companion and service animals.</i>	<i>100% of plans</i>			
[Name, Pg/Sec#]	<i>Integrate nongovernmental entities, volunteers, and the general public in exercise planning, implementation, and review of all levels (national/international, regional, State, local, tribal, urban) and types of exercises (all hazards, terrorism, bioterrorism, natural disasters).</i>	<i>Every 24 months</i>			
[Name, Pg/Sec#]	<i>Establish and maintain a database of the jurisdiction's nongovernmental assets to include entities that manage trained and skilled volunteers, unaffiliated volunteers, and donated goods.</i>	<i>[From plan]</i>			
[Name, Pg/Sec#]	<i>Establish necessary standby contracts and memorandums of agreement (MOAs) and memorandums of understanding (MOUs) with appropriate private-sector and nongovernmental organizations to augment government resources with National Incident Management System (NIMS)-credentialed volunteers and NIMS-typed materials.</i>	<i>[From plan]</i>			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Establish and maintain a process to evaluate citizen preparedness and participation and to recognize exemplary citizens in preparedness programs.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Implement processes to evaluate and periodically reassess citizen-related components of emergency operations plans, including alerts and warnings, public education and emergency public information, evacuations, mass care, and nongovernmental resource management.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Implement a process to evaluate nongovernmental participation in exercises at all levels.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Support community infrastructure to achieve appropriate levels of preparedness, including developing communitywide automated alerts and warning systems and training citizens working in critical infrastructure locations.</i>	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Provide Education and Training for the Public in All Mission Areas**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Plan, conduct, and evaluate public education programs for citizen prevention, protection/mitigation, response, and recovery capabilities.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Provide continuing education and training for the public on prevention, protection, and mitigation measures; community emergency response plans; alerts and warnings (including threat levels); evacuation/in-place protection plans and exercises; participating in government-sponsored emergency exercises; volunteer opportunities; and training for year-round volunteer role or surge capacity roles in response and recovery.	Increase participation by 5% annually until 80%			
	_____				
	_____				
[Name, Pg/Sec#]	Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals with disabilities and their caregivers.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals who do not speak English.	[From plan]			
	_____				
	_____				

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for individuals with low income and limited resources.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for age-related issues and concerns.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Incorporate in all plans, procedures, and protocols (including outreach, training and exercises, and volunteer opportunities) consideration for companion and service animals.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Train the public to be aware and to report suspicious items and behavior.</i>	<i>Increase participation by 5% annually until 80% trained</i>			

### Activity Analysis

#### Observations (Each bullet will need a completed AAR input form.)

##### Strengths

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##### Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Provide Volunteer Opportunities: Year Round and in Surge Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and sustain volunteer opportunities for citizens to support local emergency responders and community safety efforts year round, including necessary training and equipment.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Develop NIMS credentialing for volunteer surge capacity job functions to support all Emergency Support Functions (ESFs) and annexes.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Develop and implement training and exercise programs to enable citizens to support emergency response and recovery operations.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Implement a process to track numbers of volunteers who participate in ongoing volunteer programs.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Implement a process to track numbers of volunteers who participate in surge capacity roles.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Implement liability coverage for volunteer activity for appropriate jurisdiction.	Continuous			
	_____				
	_____				

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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### Incident Response

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement public, volunteers, and nongovernmental entity roles in emergency operations plans.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement <ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Community Preparedness and Participation

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: _____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Critical Infrastructure Protection (CIP)**

*Relevant Exercise Objectives*

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**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop National Infrastructure Protection Plan (NIPP). _____ _____	[From plan]			
[Name, Pg/Sec#]	Establish a national CIP research and development program. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop sector-specific plans (SSPs). _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop State and/or regional CIP plans. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop a national risk assessment methodology and standards for critical infrastructure/key resources (CI/KR). _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop risk assessment tools. _____ _____	[From plan]			
[Name, Pg/Sec#]	Establish Government Coordinating Councils (GCCs) for each sector. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish Sector Coordinating Councils (SCCs) for each sector.  	[From plan]			
[Name, Pg/Sec#]	Coordinate development of standard guidelines for physical security programs.  	[From plan]			
[Name, Pg/Sec#]	Develop strategies and guidelines for cyber infrastructure protection.  	[From plan]			
[Name, Pg/Sec#]	Develop strategies and guidelines for protection of infrastructure personnel.  	[From plan]			
[Name, Pg/Sec#]	Define a sector-specific universe of infrastructure assets, systems, networks, and functions.  	[From plan]			
[Name, Pg/Sec#]	Develop sector-specific security goals.  	[From plan]			
[Name, Pg/Sec#]	Develop national metrics to measure progress and to assess effectiveness of the national CI/KR protection program.  	[From plan]			
[Name, Pg/Sec#]	Develop sector-specific metrics to measure progress and to assess effectiveness of the sector-specific CI/KR protection programs.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement risk and vulnerability assessment training.	[From plan]			
[Name, Pg/Sec#]	Develop a system to “Red Team” CIP measures and technology.	[From plan]			
[Name, Pg/Sec#]	Develop and conduct exercise programs to test CI/KR protection plans.	Every 12 months			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Coordinate and Manage Critical Infrastructure Protection (CIP)**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Operate public-private partnerships for CIP activities.	[From plan]			
[Name, Pg/Sec#]	Operate sector-specific GCCs.	[From plan]			
[Name, Pg/Sec#]	Operate sector-specific SCCs.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	
Areas for Improvement	
•	– Root Cause
•	– Root Cause
•	– Root Cause
Additional Observations: _____	
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**Identify Critical Infrastructure/Key Resources (CI/KR)**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop selection criteria to identify CI/KR.	[From plan]			
[Name, Pg/Sec#]	Identify CI/KR within the Nation, region, State, or local area.	[From plan]			

Activity Analysis	
<b>Observations (Each bullet will need a completed AAR input form.)</b>	
Strengths	
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Areas for Improvement	
•	– Root Cause
•	– Root Cause
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Assess Risks

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct a consequence analysis to determine which assets, systems, networks, and functions are high consequence and therefore require risk assessment. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct vulnerability assessments on high-consequence assets, systems, networks, and functions. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct detailed threat assessments on high-consequence assets, systems, networks, and functions. _____ _____	[From plan]			
[Name, Pg/Sec#]	Determine risk profiles of high-consequence assets, systems, networks, and functions. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct an interdependency analysis to determine the relationship of risks within and across sectors. _____ _____	[From plan]			
[Name, Pg/Sec#]	Share the assessment of sector-specific infrastructure risk with interdependent entities within appropriate sectors. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


### Prioritize

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Prioritize high-risk CI/KR for consideration of protective measures.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Protect

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement surge capacity plans to increase CIP capacity during a crisis. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement surge capacity plans to increase CIP protection during a crisis. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop protective programs and plans to reduce the general level of risk for the highest risk CI/KR. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop protective programs and plans to respond to and recover from specific threat-initiated actions. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement programs to defend and devalue physical CI/KR. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement programs to defend and devalue physical CI/KR. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement detection measures such as inspection surveillance, employee monitoring, and security counterintelligence. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


### Measure Effectiveness

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Collect national metrics data.	Every 12 months			
[Name, Pg/Sec#]	Analyze national metrics data.	Every 12 months			
[Name, Pg/Sec#]	Collect sector-specific metrics data.	Every 12 months			
[Name, Pg/Sec#]	Analyze sector-specific metrics data.	Every 12 months			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Infrastructure Protection (CIP)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Critical Resource Logistics and Distribution	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for resource management in accordance with the National Incident Management System (NIMS), and include pre-positioning of resources to efficiently and effectively respond to an event.	[From plan]			
[Name, Pg/Sec#]	Establish plans and systems for resource identification, typing, and inventorying.	[From plan]			
[Name, Pg/Sec#]	Establish plans and systems for acquiring and ordering resources.	[From plan]			
[Name, Pg/Sec#]	Establish plans and systems for mobilizing and allocating resources.	[From plan]			
[Name, Pg/Sec#]	Establish plans and systems for resource recovery and reimbursement.	[From plan]			
[Name, Pg/Sec#]	Establish plans and procedures for coordinating with nongovernmental and private-sector organizations for obtaining resources.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans for the establishment of logistic staging areas (LSAs) for internal and external response personnel, equipment, and supplies.   	[From plan]			
[Name, Pg/Sec#]	Establish a national resources tracking and reporting system that can integrate with State and local systems.   	[From plan]			
[Name, Pg/Sec#]	Establish resource tracking system or resource inventories at the State and local levels.   	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement resource logistics and distribution training programs.	[From plan]			
[Name, Pg/Sec#]	Develop and implement training in emergency logistics that incorporates linkages among damage/needs assessment, logistics management, and volunteer/donations management.	Every 18 months			
[Name, Pg/Sec#]	Validate resource logistics, distribution plans, and training programs using exercises ranging from tabletop to full-scale.	Every 12 months			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Critical Resource Logistics and Distribution Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish communication between the Emergency Operations Center (EOC) and Incident Management Team (IMT) to determine resource needs to support incident response and operations.  	Within 2 hours of request			
[Name, Pg/Sec#]	Identify existing internal, jurisdiction-specific resources available to support response and recovery operations.  	Within 8 hours of incident			
[Name, Pg/Sec#]	Make a determination regarding the need for additional external resources and the implementation of a critical resource logistics and distribution plan.  	Within 8 hours of incident			
[Name, Pg/Sec#]	Provide logistical support for the operation and requests of the Incident Command/EOC.  	Within 1 hour of receipt of request			
[Name, Pg/Sec#]	Coordinate distribution of stockpile assets.  	[From plan]			
[Name, Pg/Sec#]	Coordinate the handling and transporting of affected persons requiring assistance.  	[From plan]			
[Name, Pg/Sec#]	Provide and coordinate the use of emergency power generation services at critical facilities.  	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

### Activate Critical Resource Logistics and Distribution

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Initiate resource logistics and distribution support for incident response operations according to the IMT assignments in the Incident Action Plan (IAP).	[From plan]			
[Name, Pg/Sec#]	Implement plans and procedures for establishing an LSA for internal and external response personnel, equipment, and supplies.	[From plan]			
[Name, Pg/Sec#]	Meet ongoing resource support needs through appropriate procurement sources from the EOC/Multiagency Coordination Center (MACC)/Initial Operating Facility (IOF).	[From plan]			
[Name, Pg/Sec#]	Provide facilities, transportation, supplies, equipment/equipment maintenance, fueling, food service, and communications through the LSA.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement a resource-tracking system.	[From plan]			
[Name, Pg/Sec#]	Report and document the incident by completing and submitting request forms, reports, documentation, and followup notation.	[From plan]			
[Name, Pg/Sec#]	Plan and prepare for the demobilization process well in advance in accordance with NIMS in order to facilitate accountability and make transportation of resources as efficient as possible.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Respond to Needs Assessment and Inventory**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Determine additional human and material resources needed to support response.	[From plan]			
[Name, Pg/Sec#]	Request needed resources from EOC/MACC/IOF.	[From plan]			
[Name, Pg/Sec#]	Identify and inventory by type and category all resources available to support emergency operations, including facilities, equipment, personnel, and systems.	Within 1 hour from request			
[Name, Pg/Sec#]	Determine availability of supplies stocked in distribution facilities, national stockpiles, and customer supply centers.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Acquire Resources**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement plans, procedures, and protocols for resource acquisition and management in accordance with NIMS.	[From plan]			
[Name, Pg/Sec#]	Provide support from the EOC/MACC/IOF to Incident Command with human and material resource needs.	[From plan]			
[Name, Pg/Sec#]	Track and record resource movement in and out of the LSA.	[From plan]			
[Name, Pg/Sec#]	Obtain supplies stocked in distribution facilities, national stockpiles, and customer supply centers.	Within 2 hours from determination of need			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Transport, Track, and Manage Resources

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Mobilize transportation to distribute resources. _____ _____	[From plan]			
[Name, Pg/Sec#]	Deploy and transport resources to appropriate, predetermined locations. _____ _____	Within 8 hours of receipt at LSA			
[Name, Pg/Sec#]	Track the deployment, movement, and transportation of resources before and during an incident. _____ _____	[From plan]			
[Name, Pg/Sec#]	Request State critical resources. _____ _____	[From plan]			
[Name, Pg/Sec#]	Request Federal critical resources. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Maintain and Recover Resources**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Cycle personnel to allow for rest and recuperation.	[From plan]			
[Name, Pg/Sec#]	Cycle resources to allow for rehabilitation and/or resupply efforts.	[From plan]			
[Name, Pg/Sec#]	Rehabilitate and/or resupply all expendable and nonexpendable resources.	[From plan]			
[Name, Pg/Sec#]	Recover all deployed resources that are salvageable.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Return resources to issuing location.	[From plan]			
[Name, Pg/Sec#]	Account for all resource use and expenditure.	[From plan]			
[Name, Pg/Sec#]	Use established regulations and policies to deal with resources that require special handling and disposition, such as biological waste, contaminated supplies, debris, and equipment.	[From plan]			
[Name, Pg/Sec#]	Incident Command/Unified Command, EOC, and LSA make a joint determination that equipment, resources, and supplies are no longer needed to support operation.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Critical Resource Logistics and Distribution

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Critical Resource Logistics and Distribution**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Determine that equipment and unused resources or supplies are no longer needed to support operations.	[From plan]			
[Name, Pg/Sec#]	Implement demobilization and deactivation procedures.	Within 8 hours from decision to demobilize			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Economic and Community Recovery

#### Relevant Exercise Objectives

☐☐☐☐☐☐

### Develop and Maintain Plans, Procedures, Programs, and Systems

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop resumption, restoration, and recovery plans. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate recovery and mitigation planning. _____ _____	[From plan]			

### Activity Analysis

#### Observations (Each bullet will need a completed After Action Report [AAR] input form.)

##### Strengths

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##### Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and conduct training in stabilization and recovery.	[From plan]			
[Name, Pg/Sec#]	Exercise recovery plans.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Direct Economic and Community Recovery Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate regional and State support for community recovery and rehabilitation services.	Within 48 hours from incident			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Prioritize recovery sequence for economic and community recovery. _____ _____	Within 48 hours from incident			
[Name, Pg/Sec#]	Coordinate the request for State/Federal aid. _____ _____	Within 48 hours from incident			
[Name, Pg/Sec#]	Establish long-term recovery goals. _____ _____	Within 30 days			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


### Activate Economic and Community Recovery

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish community recovery assistance programs. _____ _____	Within 48 hours from incident			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct dispatch and notification for economic and community recovery personnel.	100% of notified personnel report			
[Name, Pg/Sec#]	Mobilize requests for technical experts to assist in recovery efforts.	Within 48 hours from incident			
[Name, Pg/Sec#]	Implement Federal assistance programs.	Within 48 hours from incident			
[Name, Pg/Sec#]	Implement regional, State, local, and tribal assistance and recovery plans.	Within 48 hours from incident			
[Name, Pg/Sec#]	Implement private-sector recovery, local assistance, and recovery and mitigation plans.	Within 48 hours from incident			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

### Assess and Prioritize Recovery Needs

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct postevent assessment and planning to effect successful long-term recovery, including mitigation of damages from future disasters.	[From plan]			
[Name, Pg/Sec#]	Assess the situation, and forecast economic needs for victims.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Monetary Relief**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assess business recovery needs.	[From plan]			
[Name, Pg/Sec#]	Provide disaster loans for business.	Within 30 days from application			
[Name, Pg/Sec#]	Provide disaster loans for individuals.	Within 30 days from application			
[Name, Pg/Sec#]	Operate individual assistance programs.	Within 7 days from incident			
[Name, Pg/Sec#]	Provide economic stabilizations, community recovery, and mitigation support and/or financial restitution to key service sectors (e.g., medical, financial, public health and safety).	[From plan]			
[Name, Pg/Sec#]	Notify appropriate authorities of disaster relief reimbursement vehicles.	[From plan]			
[Name, Pg/Sec#]	Provide financial counseling.	[From plan]			
[Name, Pg/Sec#]	Process entity restitutions/reimbursement claims.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

### Provide Nonmonetary Relief

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in and facilitate recovery activities related to public works and engineering.	[From plan]			
[Name, Pg/Sec#]	Assess and quantify projected housing needs.	[From plan]			
[Name, Pg/Sec#]	Develop preliminary temporary housing plan.	[From plan]			
[Name, Pg/Sec#]	Provide temporary housing.	[From plan]			
[Name, Pg/Sec#]	Provide family support services.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Demobilize Economic and Community Recovery**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop a demobilization plan for economic and community recovery.	[From plan]			
[Name, Pg/Sec#]	Restore economic and community recovery personnel and equipment to normal operations.	[From plan]			
[Name, Pg/Sec#]	Complete appropriate economic and community recovery documentation.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Economic and Community Recovery

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_




**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Operations Center (EOC) Management	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop standard operating procedures for activation, operation, and deactivation of EOC.	[From plan]			
[Name, Pg/Sec#]	Develop security and access control plans for EOC.	[From plan]			
[Name, Pg/Sec#]	Develop, adapt, or implement plans to support Incident Command, Unified Command, or other agencies as needed.	[From plan]			
[Name, Pg/Sec#]	Establish and implement an order of command succession or continuity consistent with the National Incident Management System (NIMS).	[From plan]			
[Name, Pg/Sec#]	Establish operational and redundant communication systems for EOC operation.	[From plan]			
[Name, Pg/Sec#]	Verify that all critical communication links/circuits/systems have been identified and regularly tested; redundant and diverse links exist in case of single point of failure; and all emergency circuits are protected with telecommunication service priority for prompt restoration/provisioning.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Verify that all participating public safety-related Communication Centers—serving the EOC/Multiagency Coordination Center (MACC)/Initial Operating Facility (IOF) directly or indirectly—are secure and functional; have established communication links with the EOC/MACC/IOF; have appropriate supplemental resources and other outlets to provide prompt, accurate public information and effective, timely notifications; and maintain a valid common operating picture for all responders/participants.	[From plan]			
[Name, Pg/Sec#]	Verify that all serving Public Safety Communication Centers have clear and standard operating procedures (SOPs) consistent with the potential needs specifically related to the event.	[From plan]			
[Name, Pg/Sec#]	Verify that primary and secondary means to establish and maintain communication services through the event timeline are in place, can be activated promptly, and can continue to operate at acceptable levels.	[From plan]			
[Name, Pg/Sec#]	Create one central and one backup EOC/MACC/IOF.	[From plan]			
[Name, Pg/Sec#]	Develop emergency operations plans, policies, and procedures.	[From plan]			
[Name, Pg/Sec#]	Develop continuity of operations (COOP)/continuity of government (COG) plans.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct EOC/MACC/IOF specific training.	[From plan]			
[Name, Pg/Sec#]	Develop exercise program to evaluate the effectiveness of the EOC incident management process.	[From plan]			
[Name, Pg/Sec#]	Develop exercise program for emergency operations plans, policies, and procedures.	[From plan]			
[Name, Pg/Sec#]	Develop exercise program for COOP/COG plans.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Brief chief executive and other key officials of the jurisdiction in the jurisdiction's command and control plans for large-scale emergencies.	[From plan]			
[Name, Pg/Sec#]	Conduct annual command and control training and exercises for large-scale emergencies.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
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Additional Observations: \_\_\_\_\_

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**Direct Emergency Operation Center's (EOC's) Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish organization/operation of EOC/MACC/IOF.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure that all Emergency Support Functions (ESFs) are staffed.  	[From plan]			
[Name, Pg/Sec#]	Direct all support organizations participating in the EOC/MACC/IOF.  	[From plan]			
[Name, Pg/Sec#]	Ensure appropriate maintenance and rest cycles are included in resource (personnel and equipment) management activities.  	[From plan]			
[Name, Pg/Sec#]	Arrange for shelter, housing, and feeding for responders and personnel supporting the operation per the emergency plan, as applicable.  	[From plan]			
[Name, Pg/Sec#]	Arrange for shelter, housing, and feeding for displaced responder families and the general population.  	[From plan]			
[Name, Pg/Sec#]	Coordinate jurisdictional emergency management operations.  	[From plan]			
[Name, Pg/Sec#]	Transition from response to recovery.  	[From plan]			
[Name, Pg/Sec#]	Include Business Operation Center capability within State EOCs.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<div>Strengths</div> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<div>Areas for Improvement</div> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<div>Additional Observations:</div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>

**Activate the EOC/MACC/IOF**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate the EOC/MACC/IOF.	[From plan]			
[Name, Pg/Sec#]	Activate, alert, and request response from EOC/MACC/IOF personnel.	[From plan]			
[Name, Pg/Sec#]	Brief incoming personnel.	[From plan]			
[Name, Pg/Sec#]	Designate a Principal Federal Official (PFO) from an appropriate agency, who will assemble a support staff and deploy to the affected area as soon as possible (Federal only).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Gather and Provide Information**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Verify that all participating public safety-related Communication Centers, serving the EOC/MACC/IOF directly or indirectly, have established communication links with the EOC/MACC/IOF.</i> _____ _____ _____	[From plan]			
[Name, Pg/Sec#]	<i>Make proper connections with other agencies involved in the incident.</i> _____ _____ _____	[From plan]			
[Name, Pg/Sec#]	<i>Coordinate emergency management efforts among local, county, regional, State, and Federal EOC/MACC/IOF.</i> _____ _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with nongovernmental agencies and/or the private sector to collect/share data on the incident situation.	[From plan]			
[Name, Pg/Sec#]	Monitor communications and information systems.	[From plan]			
[Name, Pg/Sec#]	Collect, analyze, and disseminate information and intelligence.	[From plan]			
[Name, Pg/Sec#]	Ensure appropriate notifications are made.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Identify and Address Issues**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify issues.	[From plan]			
[Name, Pg/Sec#]	Identify and elevate needs/issues up the chain of command as needed, while tracking status.	[From plan]			
[Name, Pg/Sec#]	Track issues until they are resolved.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Provide EOC/MACC/IOF Connectivity**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate legal and regulatory issues with support of general counsel.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Facilitate resolution to legal, policy, political, social, and economic sensitivities of the affected jurisdiction(s) as they affect response and recovery operations.	[From plan]			
[Name, Pg/Sec#]	Facilitate formulation of protective action decisions (PADs), as needed.	[From plan]			
[Name, Pg/Sec#]	Facilitate decision to implement isolation and quarantine, when needed.	[From plan]			
[Name, Pg/Sec#]	Implement COOP and COG plans.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Support and Coordinate Response**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate activation of mutual aid agreements to obtain resources.  	[From plan]			
[Name, Pg/Sec#]	Provide direction, information, and/or support as appropriate to Incident Command/Unified Command and/or the EOC/MACC/IOF.  	[From plan]			
[Name, Pg/Sec#]	Support incident response operations by providing resources ordered by the Incident Management Team (IMT) through the EOC/MACC/IOF/Joint Field Office (JFO)/Incident Command Post (ICP).  	[From plan]			
[Name, Pg/Sec#]	Coordinate resource logistics and distribution.  	[From plan]			
[Name, Pg/Sec#]	Support identification and determination of potential hazards and threats including mapping, modeling, and forecasting.  	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Demobilize Emergency Operations Center (EOC) Management**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Facilitate demobilization plans and procedures for preparation of after action reports.	[From plan]			
	_____				
[Name, Pg/Sec#]	Implement EOC/MACC/IOF demobilization, deactivation, and transitional plan to JFO.	[From plan]			
	_____				
[Name, Pg/Sec#]	Reassess and implement EOC demobilization and deactivation plans.	[From plan]			
	_____				
[Name, Pg/Sec#]	Rehabilitate and resupply EOC/MACC/IOF entity/resources to return to state of readiness.	[From plan]			
	_____				

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Operations Center (EOC) Management  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Public Information and Warning	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify all pertinent stakeholders across all disciplines, and incorporate them into the information flow through a clearly defined information sharing system.	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating public information effectively under all hazards and conditions.	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating alerts and warnings effectively under all hazards and conditions.	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating notifications effectively under all hazards and conditions.	[From plan]			
[Name, Pg/Sec#]	Develop communication plans, policies, procedures, and systems that support required information sharing and communications across stakeholders to support public information, alert/warning, and notification.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop crisis and emergency risk communication (CERC) plan.   	[From plan]			
[Name, Pg/Sec#]	Develop and maintain emergency declaration protocols and templates.   	[From plan]			
[Name, Pg/Sec#]	Develop procedures for disseminating information on the reentry of citizens.   	[From plan]			
[Name, Pg/Sec#]	Develop a communication network with State homeland security departments.   	[From plan]			
[Name, Pg/Sec#]	Develop programs and systems to process the inflow of public-related information from all sources in a timely fashion.   	[From plan]			
[Name, Pg/Sec#]	Develop procedures to ensure that information provided by all sources includes the necessary content to enable reviewers to determine its authenticity and potential validity.   	[From plan]			
[Name, Pg/Sec#]	Prepare emergency public information plans.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, programs and systems to rapidly control rumors by correcting misinformation.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Develop community-based mechanisms to support providing prompt, accurate information to the public in the dominant languages of the community and languages and formats appropriate for those with limited language competence, disabilities, cultural or geographic isolation, or vulnerabilities due to age.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Develop emergency plans that take into account special-needs populations.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Develop emergency plans that are community-based and include outreach and education to the public, through community and faith-based organizations and other institutions, to promote individual preparedness based on the risks in their communities.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Establish neighborhood predisaster and postdisaster information centers at schools, work locations, libraries, shopping centers, places of worship, and other community institutions to provide information on evacuations and the location of disaster assistance sites.</i>	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement awareness training about public information. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop and implement public information, alert/warning, and notification training and exercise programs. _____ _____	[From plan]			
[Name, Pg/Sec#]	Incorporate public information function as part of multidiscipline response operations exercises. _____ _____	[From plan]			
[Name, Pg/Sec#]	Ensure potential spokespersons identified to provide information during an emergency have been trained in the principles of CERC. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop tests, and exercise the plan to enhance its effectiveness. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop and conduct training to improve all-hazard incident management capability. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct an after action review to determine strengths and shortfalls, and develop a corrective plan accordingly.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Manage Emergency Public Information and Warnings**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate plans, procedures, and policies for coordinating, managing, and disseminating public information and warnings.	[From plan]			
[Name, Pg/Sec#]	Coordinate internal information programs.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate external information programs. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate public emergency information. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement government agency and nongovernmental organization notification protocols and procedures. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement a community relations plan for ensuring continued communications with citizens and city, county, tribal, State, Federal, and private industry leaders. _____ _____	[From plan]			
[Name, Pg/Sec#]	Plan and coordinate warnings, instructions, and information updates. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with the Emergency Operations Center (EOC)/responders for public safety concerns that need to be disseminated. _____ _____	[From plan]			
[Name, Pg/Sec#]	Identify information transfer between and among Incident Command Posts concerning public information. _____ _____	[From plan]			
[Name, Pg/Sec#]	Monitor communications and information systems as needed to identify information to be disseminated to the public. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with law enforcement, and provide media outlets to provide the public with accurate, consistent, and timely information.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with intelligence information to provide State, local, and tribal authorities with clearly defined information needs based on the threat environment.   	[From plan]			
[Name, Pg/Sec#]	Coordinate dissemination of incident site information within a National Incident Management System (NIMS)-compliant framework.   	[From plan]			
[Name, Pg/Sec#]	Implement international affairs operations.   	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Emergency Public Information, Alert/Warning, and Notification Plans**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate and establish Joint Information System (JIS).	[From plan]			
[Name, Pg/Sec#]	Activate and deploy public information/affairs personnel.	[From plan]			
[Name, Pg/Sec#]	Assign Public Information Officer (PIO).	[From plan]			
[Name, Pg/Sec#]	Identify appropriate spokesperson(s).	[From plan]			
[Name, Pg/Sec#]	Update the Homeland Security Advisory System, as appropriate.	[From plan]			
[Name, Pg/Sec#]	Notify, as the first responding agency, both public and private partner agencies regarding Joint Information Center (JIC) activation.	[From plan]			
[Name, Pg/Sec#]	Ensure appropriate representation of all relevant public affairs entities, including nongovernmental organizations and the private sector, in any JIC that is established by the government.	[From plan]			
[Name, Pg/Sec#]	Disseminate domestic and international travel advisories.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Establish Joint Information Center (JIC)**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate the provision of timely and accurate emergency public information through the JIS.	[From plan]			
[Name, Pg/Sec#]	Activate the JIC, including nongovernmental and private-sector partners as appropriate.	[From plan]			
[Name, Pg/Sec#]	Coordinate and integrate the resources and operations of external affairs organizations to provide accurate, consistent, and timely information through the JIC.	[From plan]			
[Name, Pg/Sec#]	Coordinate emergency public information through the JIS.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide a central contact for the media through the JIC, ensuring a "one accurate message, many voices" approach to information dissemination.	[From plan]			
[Name, Pg/Sec#]	Coordinate among JICs at all levels of government.	[From plan]			
[Name, Pg/Sec#]	Implement routing and approval protocols for release of information.	[From plan]			
[Name, Pg/Sec#]	Provide for external media support and operations.	[From plan]			
[Name, Pg/Sec#]	Establish adequate numbers of trained personnel at dispatch or communication centers to process and disseminate information.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: _____
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_____

**Conduct Joint Information Center (JIC) Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Correct misinformation before the next news cycle. _____ _____	[From plan]			
[Name, Pg/Sec#]	Receive, authenticate, and screen information for relevance at the supervisory level in a timely manner. _____ _____	[From plan]			
[Name, Pg/Sec#]	Use a NIMS-compliant framework for coordinating incident-related communications. _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide for rumor control within information network. _____ _____	[From plan]			
[Name, Pg/Sec#]	Prepare postincident information. _____ _____	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Issue Public Information, Alerts/Warnings, and Notifications**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Disseminate CERC information to the media, public, partners, and stakeholders.	[From plan]			
[Name, Pg/Sec#]	Provide emergency public information to special-needs populations.	[From plan]			
[Name, Pg/Sec#]	Provide emergency information to the public that is verified, accurate, and as up-to-date as possible.	[From plan]			
[Name, Pg/Sec#]	Disseminate domestic and international travel advisories.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure accurate and timely dissemination of protective action messages to emergency personnel and the public.   	[From plan]			
[Name, Pg/Sec#]	Disseminate prompt, accurate information to the public in appropriate languages and formats that take into account demographics and special needs/disabilities.   	[From plan]			
[Name, Pg/Sec#]	Provide emergency public information to special, vulnerable, and at-risk populations that are economically disadvantaged, have limited language proficiency, have disabilities (physical, mental, sensory, or cognitive limitations), experience cultural or geographic isolation, or are vulnerable due to age.   	[From plan]			
[Name, Pg/Sec#]	Activate Rapid Response Plan for rumor control and correcting misinformation.   	[From plan]			
[Name, Pg/Sec#]	Disseminate critical health and safety information designed to alert the public to clinical symptoms and reduce the risk of exposure to ongoing and potential hazards.   	[From plan]			
[Name, Pg/Sec#]	Disseminate guidance for the public regarding appropriate donation methods and volunteer activities.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Activity Analysis</b>	
<b>Observations (Each bullet will need a completed AAR input form.)</b>	
Strengths	
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	
Areas for Improvement	
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>	
Additional Observations: _____	
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**Conduct Media Relations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide periodic updates, and conduct regularly scheduled media conferences.	[From plan]			
[Name, Pg/Sec#]	Track media contacts and public inquiries, listing contact, date, time, query, and outcome.	[From plan]			
[Name, Pg/Sec#]	Establish relationship with non-English-speaking media.	[From plan]			
[Name, Pg/Sec#]	Monitor media coverage of event to ensure that information is accurately relayed.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
_____
_____
_____
_____
_____

**Provide Public Rumor Control**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Track media contacts and public inquiries, listing contact, date, time, query, and outcome.	[From plan]			
[Name, Pg/Sec#]	Issue corrective messages when errors are recognized in previous public announcements.	[From plan]			
[Name, Pg/Sec#]	Establish frequently updated public information hotline.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
_____
_____
_____
_____
_____

**Demobilize Emergency Public Information and Warning**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Disseminate notice of JIC closure to all Federal, State, local, tribal, and nongovernmental stakeholders and the media.	[From plan]			
[Name, Pg/Sec#]	Archive important records of JIC activities and NIMS-compliant records.	[From plan]			
[Name, Pg/Sec#]	Demobilize JIC personnel.	[From plan]			
[Name, Pg/Sec#]	Debrief staff and JIC partners.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Information and Warning  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

**Operations-Based Exercise Evaluation Guide (EEG) Analysis Form**

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Environmental Health	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide environmental health input to the development of plans or the jurisdictional planning process (evaluation and revision).	Every 12 months			
[Name, Pg/Sec#]	Develop plans and protocols for coordinating the environmental health function into response activities (evaluation and revision).	Every 12 months			
[Name, Pg/Sec#]	Identify the appropriate environmental health official, and ensure their inclusion in the incident command staff.	[From plan]			
[Name, Pg/Sec#]	Identify an environmental health coordination unit, and develop a mechanism for its inclusion in the appropriate coordination organization (e.g., Incident Command Post [ICP], Emergency Operations Center [EOC], Joint Field Office [JFO]).	[From plan]			
[Name, Pg/Sec#]	Integrate and supervise a plan for environmental monitoring.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop capacity for the personnel and resources necessary to create and maintain geocoded databases of key environmental health infrastructure and to effectively share information during emergency response.	[From plan]			
[Name, Pg/Sec#]	Develop a plan to coordinate the various elements of environmental health among Federal, State, and local response.	[From plan]			
[Name, Pg/Sec#]	Identify appropriate expertise needed for all aspects of environmental health response.	[From plan]			
[Name, Pg/Sec#]	Develop inputs into the crisis and emergency risk communication (CERC) plan.	[From plan]			
[Name, Pg/Sec#]	Coordinate to ensure interoperable and redundant communication equipment.	[From plan]			
[Name, Pg/Sec#]	Coordinate environmental health efforts (e.g., response work, database management of environmental sample results, interpretation of results, risk communication).	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate agencies for the analysis and database management of environmental samples and for interpretation of results and risk communication.	[From plan]			
[Name, Pg/Sec#]	Coordinate with public and private laboratories to ensure redundancies of capability.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Resolve confidentiality issues for sharing of information from laboratory results.  	[From plan]			
[Name, Pg/Sec#]	Develop and maintain all-hazards emergency response procedures and protocols for assessment of public water utility, alternative water supplies (hailed water, bulk water, bottled water), unregulated systems (individual wells), and temporary or mobile treatment systems (reverse osmosis purification unit, portable onsite treatment).  	Update every 12 months			
[Name, Pg/Sec#]	Develop standard operating procedures (SOPs) for prioritizing the provision of potable water to affected populations and key facilities.  	Update every 12 months			
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety and integrity of a potable water supply and delivery system.  	[From plan]			
[Name, Pg/Sec#]	Develop emergency guidelines and operation criteria for limited operations (boil water or do not drink order), and plan for dissemination to public and policyholders in cooperation with water utilities.  	Update every 12 months			
[Name, Pg/Sec#]	Develop and maintain intrastate mutual aid agreements with water providers and relevant health and environment entities for assistance in disaster response/emergency events (Water/Wastewater Agency Response Network [WARN], mutual aid).  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and maintain interstate agreements with water providers and relevant health and environment entities for assistance in disaster response/emergency events (Emergency Management Assistance Compact [EMAC]).	[From plan]			
[Name, Pg/Sec#]	Develop and maintain a geocoded database of all Safe Drinking Water Act (SDWA) drinking water facilities.	[From plan]			
[Name, Pg/Sec#]	Develop capacity for the personnel and resources necessary to create and maintain a geocoded database of the food supply and delivery system.	[From plan]			
[Name, Pg/Sec#]	Ensure the existence of memorandums of understanding (MOUs) or other contractual agreements needed to share resources such as food inspection personnel, equipment, and databases.	[From plan]			
[Name, Pg/Sec#]	Address mechanisms to recommend the closing of facilities or operations, and address noncompliance with recommendations in environmental health plans.	[From plan]			
[Name, Pg/Sec#]	Address mechanisms to reopen food supply and delivery operations and facilities in environmental health plans.	[From plan]			
[Name, Pg/Sec#]	Conduct hazard needs assessment and staffing surge requirements in the area of food supply and delivery.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety and integrity of food supply and delivery system.   	[From plan]			
[Name, Pg/Sec#]	Develop materials and personnel to conduct just-in-time training for food protection.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with public and private laboratories to develop plans for the lab testing necessary to ensure safety of the food supply and delivery system.   	[From plan]			
[Name, Pg/Sec#]	Ensure that environmental continuity of operations (COOP) planning addresses personnel and resources necessary to ensure the safety of the food supply and delivery system and mechanisms to prioritize response actions.   	[From plan]			
[Name, Pg/Sec#]	Develop capacity for rapid communications and data sharing (including geocoded data) during emergency response.   	[From plan]			
[Name, Pg/Sec#]	Develop and maintain all-hazard emergency response plans, procedures, and programs for the collection, treatment, and disposal of wastewater (liquid waste and sewage) during emergency events including public wastewater utility, alternative wastewater (portable toilets, temporary lagoons, waste hauling), unregulated systems (individual septic tanks), and land applications.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and maintain all-hazards emergency response procedures and protocols for assessment of the following types of facilities: public wastewater utility, alternative wastewater (portable toilets, temporary lagoons, waste hauling), unregulated systems (individual septic tanks), and land applications.	[From plan]			
[Name, Pg/Sec#]	Develop standard operating procedures (SOPs) for prioritization of collection, treatment, and disposal of wastewater (liquid waste and sewage) for affected populations and priority facilities (e.g., shelters, hospitals).	[From plan]			
[Name, Pg/Sec#]	Develop and maintain intrastate mutual aid agreements with wastewater collection, treatment, and disposal organizations and relevant health and environmental entities for assistance in disaster response/emergency events (WARN, mutual aid).	[From plan]			
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety and integrity of wastewater systems.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain interstate agreements with wastewater collection, treatment, and disposal organizations and relevant health and environmental entities for assistance in disaster response/emergency events (EMAC).	[From plan]			
[Name, Pg/Sec#]	Develop and maintain a geocoded database of all wastewater facilities (e.g., treatment plants, lift stations).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, procedures, and programs for vector control.  	[From plan]			
[Name, Pg/Sec#]	Develop plan for assessing local vector control infrastructure before event and how it has been damaged during the event.  	[From plan]			
[Name, Pg/Sec#]	Develop plan to assist local vector control while they rebuild capabilities.  	[From plan]			
[Name, Pg/Sec#]	Develop disease-specific emergency response plan for vector control including insect, arthropod, and rodent vectors.  	[From plan]			
[Name, Pg/Sec#]	Compile and review existing emergency vector control guidelines including surveillance and control of insect, arthropod, and rodent vectors.  	[From plan]			
[Name, Pg/Sec#]	Develop new emergency vector control guidelines where none currently exist that include surveillance and control of insect, arthropod, and rodent vectors.  	[From plan]			
[Name, Pg/Sec#]	Develop communications plan for vector control including control measures for the public and public agencies.  	[From plan]			
[Name, Pg/Sec#]	Develop, at the local level, the capability to create a geocoded database of all geographic locations assessed for vectors including locations that were treated (e.g., larvicides, spraying).  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to perform vector control operations.   	[From plan]			
[Name, Pg/Sec#]	Assemble an assessment and inventory of current capacity, both public and private, to perform vector control.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for providing environmental health support during reentry operations.   	[From plan]			
[Name, Pg/Sec#]	Develop procedures and guidelines for building reentry.   	[From plan]			
[Name, Pg/Sec#]	Assess power supply and generators for priority structures, and identify alternative power sources.   	[From plan]			
[Name, Pg/Sec#]	Develop a plan with a checklist for evaluating reentry and reoccupancy of facilities (e.g., homes, educational institutions, healthcare facilities) that establishes evaluation process, assessment criteria, and indicators of safe reoccupation.   	[From plan]			
[Name, Pg/Sec#]	Develop communications plan for safety and environmental-related hazards associated with reentry and reoccupation of homes and facilities.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement a monitoring system to determine status of rehabilitation efforts and health and safety issues associated with reentry and reoccupancy.	[From plan]			
[Name, Pg/Sec#]	Develop capacity to assess community structures and determine safe operations.	[From plan]			
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety of building environments.	[From plan]			
[Name, Pg/Sec#]	Conduct research, and establish health-risk based tolerance thresholds for key contaminants, including updating existing methods and developing new ones where none exist.	[From plan]			
[Name, Pg/Sec#]	Identify susceptible and vulnerable populations.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain a geocoded database of potential hazards (e.g., refineries, chemical plants, mines, medical waste depositories).	[From plan]			
[Name, Pg/Sec#]	Inventory monitory and sampling capabilities.	[From plan]			
[Name, Pg/Sec#]	Develop an all-hazards communication plan.	[From plan]			
[Name, Pg/Sec#]	Develop MOUs between and among public and private laboratories to provide redundant capabilities.	[From plan]			

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[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct geocoded baseline monitoring for all environmental media.  	[From plan]			
[Name, Pg/Sec#]	Conduct environmental vulnerability assessments.  	[From plan]			
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety of outdoor environments.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate remediation teams for all contingencies.  	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and programs for environmental health support of mass care and sheltering facilities.  	[From plan]			
[Name, Pg/Sec#]	Develop mass care and sheltering guidelines that include safety/food/air/water/wastewater sanitation/solid and biomedical waste requirements for all mass care facilities including shelters, housing, ice/food distribution, feeding sites, and other care facilities.  	[From plan]			
[Name, Pg/Sec#]	Develop mass care and sheltering guidelines that include food safety and sanitation requirements.  	[From plan]			
[Name, Pg/Sec#]	Develop shelter guidelines that include requirements for provision of safe drinking water from all sources and that include recommendations for alternate sources.  	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop shelter guidelines that include requirements for sanitation and number of portable toilets (e.g., toilets, portable toilets, handwashing facilities).	[From plan]			
[Name, Pg/Sec#]	Identify sources, and prearrange for delivery and emptying of toilets, portable toilets, and handwashing facilities.	[From plan]			
[Name, Pg/Sec#]	Provide input into plans, procedures, and protocols to ensure individual/gross decontamination of persons and pets before admittance to shelters and other mass care facilities, medical and alternate care facilities, reception centers, animal shelters, and other places as needed.	[From plan]			
[Name, Pg/Sec#]	Conduct building/facility inspections in advance to identify food/sanitation capability and suitability of structures identified as mass care and shelter facilities (e.g., housing, shelters, feeding and care facilities).	[From plan]			
[Name, Pg/Sec#]	Develop a geocoded database of all predesignated mass care and shelter operations.	[From plan]			
[Name, Pg/Sec#]	Update geocoded database of all mass care and shelter operations.	[From plan]			
[Name, Pg/Sec#]	In coordination with mass care and shelter operations, ensure that field communication plan includes environmental health personnel.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure environmental health support to mass care and shelter response.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, programs, and guidance for environmental health support of waste management and debris removal.   	[From plan]			
[Name, Pg/Sec#]	Develop and provide technical inputs for waste management and debris removal guidelines.   	[From plan]			
[Name, Pg/Sec#]	Participate in the emergency response planning process for managing the type and quantities of waste generated by the incident and cleanup efforts.   	[From plan]			
[Name, Pg/Sec#]	Participate in the emergency response planning process for safe removal and disposition of waste and debris.   	[From plan]			
[Name, Pg/Sec#]	Participate in the development of communications plans, procedures, and guidance for waste management and debris removal.   	[From plan]			
[Name, Pg/Sec#]	Develop a geocoded database of all waste management facilities.   	[From plan]			
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety of solid waste/debris disposal.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in the communications planning process for hazardous materials (HazMat) incidents.  	[From plan]			
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support in the development of plans for transporting hazardous materials.  	[From plan]			
[Name, Pg/Sec#]	Participate in the identification of facilities for the management of hazardous materials.  	[From plan]			
[Name, Pg/Sec#]	Participate in the determination of environmental health issues and concerns for transporting hazardous materials.  	[From plan]			
[Name, Pg/Sec#]	Participate in the development of a geocoded database of HazMat facilities.  	[From plan]			
[Name, Pg/Sec#]	Develop an environmental health strike team of appropriately trained personnel to ensure safety of HazMat management and decontamination.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop training programs for providing environmental health support.	[From plan]			
[Name, Pg/Sec#]	Identify and train personnel to develop and maintain geocoded environmental health databases.	[From plan]			
[Name, Pg/Sec#]	Ensure that environmental health emergency planning is fully integrated and exercised with the jurisdictional emergency plan.	[From plan]			
[Name, Pg/Sec#]	Provide training to ensure environmental health support to HazMat responders.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and conduct emergency response training relevant to environmental health in drinking water systems to field staff and managers of State/local drinking water programs and drinking water utilities.	[From plan]			
[Name, Pg/Sec#]	Develop and conduct emergency response training relevant to all wastewater systems including field staff and managers of State/local wastewater programs, wastewater utilities, public health, and emergency management.	[From plan]			
[Name, Pg/Sec#]	Include emergency vector control response training to field staff and managers of State/local programs having responsibility for vector control in public health pesticide applicators' certification.	[From plan]			
[Name, Pg/Sec#]	Develop and deliver environmental health emergency food safety response training to field staff and managers of food programs.	[From plan]			
[Name, Pg/Sec#]	Develop and conduct emergency response training to field staff and managers of State/local programs having responsibility for safety/food/air/water/wastewater sanitation assessments of mass care operations.	[From plan]			
[Name, Pg/Sec#]	Develop and conduct environmental health training to predesignated managers, responders, and volunteers of mass care operations.	[From plan]			
[Name, Pg/Sec#]	Provide appropriate HazMat response training to field staff and managers of State/local programs who are involved in HazMat response.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify and train volunteers in emergency food safety.	[From plan]			
[Name, Pg/Sec#]	Provide training to regulated entities within the food delivery system.	[From plan]			
[Name, Pg/Sec#]	Develop materials and personnel to conduct just-in-time training for food protection.	[From plan]			
[Name, Pg/Sec#]	Develop materials and personnel to conduct just-in-time training for food protection.	[From plan]			
[Name, Pg/Sec#]	Develop and conduct emergency response training relevant to all drinking water systems including field staff and managers of State/local drinking water programs, drinking water utilities, public health, and emergency management.	[From plan]			
[Name, Pg/Sec#]	Develop exercise programs for providing environmental health support.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Direct Environmental Health Operations (Command and Control)**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate the environmental health function into response activities. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop an incident-specific plan to coordinate the various elements of environmental health among Federal, State, and local response. _____ _____	[From plan]			
[Name, Pg/Sec#]	Determine and ensure coordination for the analysis and database management of environmental samples, including those for which other agencies are responsible for the interpretation of results and risk communication. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide environmental health support and coordination for crisis and emergency risk communication (CERC).   	[From plan]			
[Name, Pg/Sec#]	Develop CERC information for dissemination through the Joint Information Center (JIC) to media, public, partners, and stakeholders.   	[From plan]			
[Name, Pg/Sec#]	Identify and communicate environmental health risk issues to the affected population.   	[From plan]			
[Name, Pg/Sec#]	Provide input on forecasting and planning aspects as part of the Incident Command System (ICS) for environmental health needs in the subsequent operation period.   	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address potable water supply issues.   	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address wastewater issues.   	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address mass care issues.   	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address debris and waste management issues.   	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address responder safety and health (link to capability).	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address HazMat (chemical, biological, radiological, and high-yield explosives [CBRNE]) issues.	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address vector control response issues.	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address medical care issues including exposure assessment, toxicological consultation, dose assessment, secondary exposure, medical waste management.	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address food and agricultural safety and defense.	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address animal-health emergency support issues.	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address food supply issues.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address safe reentry and reoccupancy of community, homes, and facilities.	[From plan]			
[Name, Pg/Sec#]	Provide support and coordinate environmental health resources to address outdoor environmental issues.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Activate Environment Health**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify environment health specialties required to assess and support response.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Mobilize environmental health personnel.	[From plan]			
[Name, Pg/Sec#]	Mobilize environmental health resources.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Ensure Safety of Potable Water Supplies**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide initial damage assessment of drinking water infrastructure.	[From plan]			
[Name, Pg/Sec#]	Request needs for equipment and personnel through emergency operations, EMAC, Federal assistance, or mutual aid agreements.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Deploy personnel and equipment to repair, conduct assessments, provide technical assistance, and conduct monitoring of drinking water supplies and systems.	[From plan]			
[Name, Pg/Sec#]	Develop prioritization list of activities to provide potable water to affected populations and key facilities.	[From plan]			
[Name, Pg/Sec#]	Conduct ongoing and followup assessment of systems including facility assessments, equipment needs assessments, water sampling, laboratory analysis, and personnel needs.	[From plan]			
[Name, Pg/Sec#]	Conduct ongoing repairs, technical assistance, and monitoring for all water systems.	[From plan]			
[Name, Pg/Sec#]	Disseminate water communication messages to appropriate groups considering population and cultural differences.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Ensure Safety of Food Supplies**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify high-risk foods, food supplies and systems, facilities, and transport mechanism (temporary providers) that may pose hygiene or safety issues because of the event.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Conduct initial assessments of food facilities using emergency guidelines and operation criteria or applicable code.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Conduct field surveys to assess damage to food facilities.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Assess safety and integrity of food supply delivery and transport mechanisms.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Ensure that the safety and integrity of food supply and delivery is considered when conducting community infrastructure assessments.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Record and report assessments through automated systems (e.g., scanned forms or handhelds) to develop reports for followups and tracking of common and related issues.	[From plan]			
	_____				
	_____				

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Determine safety of response activities.  	[From plan]			
[Name, Pg/Sec#]	Establish priorities for response activities.  	[From plan]			
[Name, Pg/Sec#]	Activate COOP/continuity of government (COG) plans.  	[From plan]			
[Name, Pg/Sec#]	Address compromised safety and integrity issues of the food supply and delivery system.  	[From plan]			
[Name, Pg/Sec#]	Provide just-in-time training for volunteers.  	[From plan]			
[Name, Pg/Sec#]	Activate volunteers.  	[From plan]			
[Name, Pg/Sec#]	Ensure proper food handling in nontraditional operations activated during emergency response, and ensure best practices.  	[From plan]			
[Name, Pg/Sec#]	Ensure proper food salvage of at-risk foods and beverages or potentially exposed food products.  	[From plan]			
[Name, Pg/Sec#]	Recommend the closing of facilities or operations when appropriate, and address noncompliance with recommendations.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide CERC to public entities on topics such as safe disposal of damaged or contaminated food in coordination with emergency public information and warning plans.	[From plan]			
[Name, Pg/Sec#]	Ensure CERC to regulated entities.	[From plan]			
[Name, Pg/Sec#]	Conduct environmental investigations of disease outbreaks possibly related to foodborne exposure supported by information systems that comply with the Public Health Information Network's Outbreak Management functional area.	[From plan]			
[Name, Pg/Sec#]	Clear facilities or operations for resumption of services when appropriate.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Ensure Safety of Wastewater Management**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide initial damage assessment of wastewater collection, treatment, and disposal facilities. _____ _____	[From plan]			
[Name, Pg/Sec#]	Request needed equipment and personnel through emergency operations, EMAC, Federal assistance, or mutual aid agreements. _____ _____	[From plan]			
[Name, Pg/Sec#]	Deploy personnel and equipment to repair, conduct assessments, provide technical assistance, and conduct monitoring of wastewater systems. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop prioritization list of activities to provide wastewater collection, treatment, and disposal facilities to affected populations and priority facilities (e.g., shelters, hospitals). _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct ongoing and followup assessment of systems including facility assessments, equipment needs assessments, wastewater sampling, and laboratory analysis and personnel needs. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct ongoing repairs, technical assistance, and monitoring for all wastewater systems. _____ _____	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Disseminate wastewater communication messages to appropriate groups considering population and cultural differences.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Provide Vector Surveillance**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide vector control.	[From plan]			
[Name, Pg/Sec#]	Assist in coordination of vector control response.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish a vector control technical expertise team for surveillance and monitoring of animal infections until population densities and infection rates return to preevent levels.   	[From plan]			
[Name, Pg/Sec#]	Conduct assessment of insect, animal, and rodent vectors including population densities, infectivity rates, and human risk potential.   	[From plan]			
[Name, Pg/Sec#]	Coordinate emergency vector control measures to the extent needed to supplement local capacity and reduce risk to preevent levels.   	[From plan]			
[Name, Pg/Sec#]	Monitor vectors.   	[From plan]			
[Name, Pg/Sec#]	Develop plan to work with local vector control to assist while they rebuild capabilities.   	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_


**Ensure Safety of Building Environments**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide environmental health support on assessing buildings for reentry. _____ _____	[From plan]			
[Name, Pg/Sec#]	Assist assessments to collect and analyze data needed to determine safe reentry and reoccupancy of the community, homes, and facilities. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with the National Institute for Occupational Safety and Health (NIOSH)/Occupational Safety and Health Administration/HazMat to identify facilities that are safe for reentry. _____ _____	[From plan]			
[Name, Pg/Sec#]	Assess community structures, and issue recommendations for safe operations. _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide geocoded status report of community, homes, facilities, and structures identified as safe or unsafe to reenter and reoccupy. _____ _____	[From plan]			
[Name, Pg/Sec#]	Assess rehabilitation of the community, homes, facilities, and structures. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Monitor reentry operations.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**Ensure Safety of Outdoor Environments**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Design and conduct appropriate environmental sampling programs.	[From plan]			
[Name, Pg/Sec#]	Geocode all environmental samples, and make them publicly available in a timely manner where appropriate.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide health impact assessment of sampling results from various environmental sources including water, air, surfaces, and soil via comparison to baseline results and/or preexisting standards, and make them publicly available in a timely manner where appropriate.	[From plan]			
[Name, Pg/Sec#]	Recommend and/or lead remediation efforts for individual property owners and communities.	[From plan]			
[Name, Pg/Sec#]	Establish a sampling plan relevant to the event.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Environmental Health Support to Mass Care Response**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate environmental health assessments of mass care and shelter operations.	[From plan]			
[Name, Pg/Sec#]	Monitor the environmental health impact of changing population levels and circumstances in mass care and shelter operations.	[From plan]			
[Name, Pg/Sec#]	Conduct initial comprehensive environmental assessments (safety/food/water/wastewater sanitation) of mass care and shelter operations to ensure compliance with guidelines.	[From plan]			
[Name, Pg/Sec#]	Assess safety of potable water at mass care facilities including shelters, feeding centers, and sources of ice.	[From plan]			
[Name, Pg/Sec#]	Assess safety of food supply at mass care facilities including shelters, feeding centers, and food/ice distribution centers.	[From plan]			
[Name, Pg/Sec#]	Assess safety of wastewater management (including toilets, onsite systems, and handwashing facilities) at mass care facilities.	[From plan]			
[Name, Pg/Sec#]	Provide vector control to mass care and shelter facilities.	[From plan]			
[Name, Pg/Sec#]	Assess building safety for mass care and shelter facilities.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide environmental health support to solid waste/debris removal at mass care and shelter facilities.	[From plan]			
[Name, Pg/Sec#]	Conduct followup environmental health assessments (safety/food/air/water/wastewater sanitation) of mass care operations.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**Provide Environmental Health Support to Solid Waste/Debris Removal**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide environmental health assessment of waste management and debris removal practices.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide environmental health assessment of waste and debris in affected areas.	[From plan]			
[Name, Pg/Sec#]	Monitor waste management and debris removal operations.	[From plan]			
[Name, Pg/Sec#]	Ensure the appropriate collection and management of waste and debris.	[From plan]			
[Name, Pg/Sec#]	Provide technical assistance and consultation for the environmental health aspects of waste management and debris removal.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Environmental Health Support to Hazardous Materials (HazMat) Management/  
Decontamination**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in response to HazMat incidents by providing environmental health technical assistance, consultation, and support.	[From plan]			
[Name, Pg/Sec#]	Ensure that initial and followup assessments of environmental media affected by HazMat incidents are conducted.	[From plan]			
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support in the investigation of HazMat incidents.	[From plan]			
[Name, Pg/Sec#]	Provide geocoded locations and results for environmental samples following HazMat incidents.	[From plan]			
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support during damage assessments following HazMat incidents.	[From plan]			
[Name, Pg/Sec#]	Assist in conducting assessments to identify environmental health hazards, threats, vulnerabilities, and risks to facilities involved in the production, storage, or distribution of hazardous materials.	[From plan]			
[Name, Pg/Sec#]	Provide environmental health technical assistance, consultation, and support and coordination in the management of environmental contaminants associated with HazMat incidents.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Environmental Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support in establishing and monitoring access restrictions/quarantine to contaminated areas during HazMat incidents.	[From plan]			
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support regarding decontamination procedures.	[From plan]			
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support for plume modeling and evacuation.	[From plan]			
[Name, Pg/Sec#]	Provide technical assistance, consultation, and support for decontamination operations.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Epidemiological Surveillance and Investigation	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for investigating a potential disease outbreak. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop procedures for identification of disease, vector, and epidemic. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop guidelines or procedures for properly conducting a coordinated outbreak investigation. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop and maintain efficient surveillance systems supported by information systems that comply with the Public Health Information Network (PHIN) functional requirements for Early Event Detection, Outbreak Management, and Countermeasure and Response Administration to facilitate early detection, mitigation, and evaluation of expected and unexpected public health conditions. _____ _____	[From plan]			
[Name, Pg/Sec#]	Distinguish on the State list of notifiable conditions between select conditions that require immediate reporting to the public health agency (at a minimum, Cat A agents) and conditions for which a delay in reporting is acceptable. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans and procedures to respond to a disease outbreak.  	[From plan]			
[Name, Pg/Sec#]	Develop policies and procedures to respond appropriately to positive notifications of medical hazards.  	[From plan]			
[Name, Pg/Sec#]	Describe timeframes for notification for conditions where a delay in reporting is acceptable.  	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for the provision of medical personnel, equipment, laboratories, pharmaceuticals, and supplies.  	[From plan]			
[Name, Pg/Sec#]	Plan and prepare for pandemic influenza, particularly for the stage when vaccine either is nonexistent or in severely short supply.  	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and protocols to inventory medical supplies, equipment, ambulance services, hospitals, clinics, and first aid units.  	[From plan]			
[Name, Pg/Sec#]	Develop communications to physicians and hospitals regarding use of testing of symptomatic and nonsymptomatic patients during epidemic.  	[From plan]			
[Name, Pg/Sec#]	Develop an integrated response plan that directs how public health, hospital-based, environmental, food, veterinary, and agricultural laboratories will respond to a bioterrorism incident.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement training and exercises for epidemiological surveillance and investigation.	[From plan]			
[Name, Pg/Sec#]	Develop and implement training programs for epidemiological surveillance and investigation.	[From plan]			
[Name, Pg/Sec#]	Support training on various types and models of equipment likely to be used in an emergency through government grants and industry-sponsored workshops.	[From plan]			
[Name, Pg/Sec#]	Develop and implement exercises for epidemiological surveillance and investigation.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Direct Epidemiological Surveillance and Investigation Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify applicable laws, policies, and implementation procedures for public health reporting and notification.	[From plan]			
[Name, Pg/Sec#]	Maintain public health communication channels supported by information systems that comply with the PHIIN functional requirements for Partner Communications and Alerting.	[From plan]			
[Name, Pg/Sec#]	Provide public health information to emergency public information for release.	Within 1 hour from implementation of response plan			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate resources needed to respond to public health concern.  	[From plan]			
[Name, Pg/Sec#]	Lead public health investigations to determine source of disease in collaboration with law enforcement.  	[From plan]			
[Name, Pg/Sec#]	Identify all stakeholders and agency representatives or liaisons for public health response.  	[From plan]			
[Name, Pg/Sec#]	Report instances of disease that raise the index of suspicion of terrorist or criminal involvement to Federal Bureau of Investigation (FBI) Headquarters (National Response Framework).  	[From plan]			
[Name, Pg/Sec#]	Make public health recommendations for prophylaxis and other interventions.  	[From plan]			
[Name, Pg/Sec#]	Coordinate examination of deceased suspect patients with the medical examiner and/or coroner.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Surveillance and Detection**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Facilitate reporting consistent with disease reporting laws or regulations.	[From plan]			
[Name, Pg/Sec#]	Compile surveillance data.	[From plan]			
[Name, Pg/Sec#]	Analyze surveillance data.	[From plan]			
[Name, Pg/Sec#]	Detect suspect outbreak through pattern recognition.	Within 36 hours from report			
[Name, Pg/Sec#]	Maintain chain of custody.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Have or have access to PHIN-compliant information systems to support detecting events of public health significance and tracking of chain of custody.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Conduct Epidemiological Investigation**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Dispatch public health personnel to location of suspected contamination.	[From plan]			
[Name, Pg/Sec#]	Conduct epidemiological investigations to identify potential exposure and disease.	Initiate within 3 hours from initial notification			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Confirm the outbreak using lab data and disease-tracking data.	[From plan]			
[Name, Pg/Sec#]	Define case characteristics.	Within 12 hours from confirmation of index case			
[Name, Pg/Sec#]	Search actively for cases (case finding).	Within 24 hours from establishing work case definition			
[Name, Pg/Sec#]	Create registries of ill, exposed, and potentially exposed persons.	[From plan]			
[Name, Pg/Sec#]	Conduct contact tracing.	Contact 75% within 48 hours from notification of index case			
[Name, Pg/Sec#]	Analyze and interpret epidemiological investigation data in coordination with data from counter-terror investigation and law enforcement.	[From plan]			
[Name, Pg/Sec#]	Analyze and confirm origin of outbreak.	[From plan]			
[Name, Pg/Sec#]	Recommend control measure for outbreak.	[From plan]			
[Name, Pg/Sec#]	Draft and disseminate initial report of epidemiological investigation.	Within 60 hours from notification of index case			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Have access to information systems to support investigating, describing, and understanding events of public health significance that comply with the PHIN functional area Outbreak Management.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Monitor Containment

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Monitor the course and population characteristics of a recognized outbreak.	100% of known cases monitored from ID through disposition			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Epidemiological Surveillance and Investigation  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Have or have access to information systems that support administration of outbreak control and that comply with the PHIN functional requirements for Countermeasure and Response Administration.	[From plan]			
[Name, Pg/Sec#]	Monitor effectiveness of mitigation steps.	[From plan]			
[Name, Pg/Sec#]	Conduct an after action debriefing (hot wash) to identify deficiencies that require corrective actions in areas such as personnel, training, equipment, and organizational structure.	[From plan]			
[Name, Pg/Sec#]	Conduct special studies of critical public health issues.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Explosive Device Response Operations	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop, distribute, and maintain National Guidelines for Bomb Technicians.	[From plan]			
[Name, Pg/Sec#]	Develop effective procedures and programs including standardized training to counter terrorist events, employing weapons of mass destruction (WMD), suicide bombers, vehicle-borne improvised explosive devices (VBIEDs), and radio-controlled improvised explosive devices (RCIEDs).	[From plan]			
[Name, Pg/Sec#]	Maintain programs to ensure public safety bomb technicians are certified and recertified by the Federal Bureau of Investigation (FBI) Hazardous Devices School (HDS).	[From plan]			
[Name, Pg/Sec#]	Maintain programs to ensure all public safety bomb squads remain accredited by the FBI according to National Guidelines for Bomb Technicians.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain plans that coordinate explosive device response in multijurisdictional areas that protect critical infrastructure and key resources from terrorist threats.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and maintain programs to measure gaps in the explosive device response capability.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain programs to share explosive device response information, effective practices, and lessons learned.	[From plan]			
[Name, Pg/Sec#]	Assist public safety bomb squads and teams in achieving increased capability to counter terrorist events with goal of a Type I rating.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Train public safety personnel to recognize explosive hazards, device components, and precursors and to take appropriate action to maintain public safety.	100% of public safety personnel			
[Name, Pg/Sec#]	Train public safety personnel and private-sector security to effectively operate during explosive device incidents.	100% of public safety personnel			
[Name, Pg/Sec#]	Provide bomb threat awareness training and information to the general public and private sector.	[From plan]			
[Name, Pg/Sec#]	Establish in-service training programs for bomb squads that meet or exceed minimum recommendations set in the National Guidelines for Bomb Technicians.	[From plan]			
[Name, Pg/Sec#]	Initially train, certify, and recertify public safety bomb technicians using curriculum designed, developed, and delivered by the National Bomb Squad Commanders Advisory Board (NBSCAB) and the FBI HDS.	[From plan]			
[Name, Pg/Sec#]	Initially accredit and reaccredit public safety bomb squads using the curriculum developed by the NBSCAB and the FBI HDS.	[From plan]			
[Name, Pg/Sec#]	Design, develop, and deliver specialized training for public safety bomb squads and bomb technicians in cooperation with the FBI HDS.	Deliver to 100% of all certified bomb technicians			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Design, develop, and deliver explosive device response capability enhancement training and technical assistance for public safety bomb squads and bomb technicians to coordinate national prevention and protection efforts in cooperation with the U.S. Department of Homeland Security (DHS).	Deliver to 100% of all certified bomb technicians			
[Name, Pg/Sec#]	Design, develop, and deliver training in postblast investigation consistent with the Bomb Scene Investigation Concept that includes a qualified bomb technician as part of the postblast investigation team.	Deliver to 100% of all certified bomb technicians			
[Name, Pg/Sec#]	Obtain DHS certification and approval for use of Homeland Security Grant funds for selected training and technical assistance.	[From plan]			
[Name, Pg/Sec#]	Validate effectiveness of plans, procedures, and programs through realistic practical exercises.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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- 
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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Direct Explosive Device Response Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish onsite command, control, communications, and intelligence (C3I) operations for explosive device response operations.	Within 15 minutes from arrival onsite			
	_____				
	_____				
[Name, Pg/Sec#]	Coordinate with Incident Command to establish perimeter control (hot, warm, cold zones) commensurate with hazard magnitude.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Coordinate with appropriate unit, and develop a plan of action.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Utilize canine, physical, and technical search techniques to secure inner perimeter.	[From plan]			
	_____				
	_____				

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Activate Public Safety Bomb Squad

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Notify and activate public safety bomb squad personnel.	Within 15 minutes from recognition of threat			
[Name, Pg/Sec#]	Determine needed personnel and equipment based on information provided.	Within 15 minutes from notification			
[Name, Pg/Sec#]	Assemble properly equipped bomb squad team at designated location.	[From plan]			
[Name, Pg/Sec#]	Reassess personnel and equipment needs upon arrival.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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### Search and Assess Site

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Interview onscene commander and any witnesses with direct observation of the device.	[From plan]			
[Name, Pg/Sec#]	Conduct an initial reconnaissance of the area.	[From plan]			
[Name, Pg/Sec#]	Implement emergency assessment procedures.	[From plan]			
[Name, Pg/Sec#]	Conduct improvised explosive device (IED) threat analysis.	Within 1 hour from arrival			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Determine appropriate operational procedures based on reconnaissance and initial assessments.	[From plan]			
[Name, Pg/Sec#]	Provide positive explosive identification and safety guidance.	[From plan]			
[Name, Pg/Sec#]	Notify proper Federal agencies if device is a suspected WMD.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations:

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### Render Safe Onsite

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct IED onsite response.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Isolate device(s) from remote detonation commands.  	[From plan]			
[Name, Pg/Sec#]	Render device safe.  	[From plan]			
[Name, Pg/Sec#]	Identify appropriate offsite location if offsite render-safe operations are necessary.  	[From plan]			
[Name, Pg/Sec#]	Prepare device to be transported to secondary location if offsite render-safe operations are necessary.  	[From plan]			
[Name, Pg/Sec#]	Ensure compliance with Radiological Assistance Program (RAP) plan, Federal Radiological Emergency Response Plan (FRERP), and National Response Framework for radiological IEDs.  	[From plan]			
[Name, Pg/Sec#]	Document and preserve evidence.  	[From plan]			
[Name, Pg/Sec#]	Initiate and advise crime scene investigative/forensic team.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Conduct Recovery, Removal, and Transport Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct onsite processing of device components, and containerize for transportation.	[From plan]			
[Name, Pg/Sec#]	Transport and escort components to secure site.	[From plan]			
[Name, Pg/Sec#]	Conduct offsite render-safe and/or emergency destruction of device/explosives.	[From plan]			
[Name, Pg/Sec#]	Document and preserve evidence.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assess further the functional characteristics of the device as they relate to response safety considerations (e.g., serial bomber).	[From plan]			
[Name, Pg/Sec#]	Ensure compliance with RAP plan, FRERP, and National Response Framework for radiological IEDs.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Demobilize Explosive Device Removal Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct 100% accountability of personnel and equipment.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Explosive Device Response Operations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with Incident Command and Emergency Operations Center (EOC) to redeploy public safety bomb squad.	[From plan]			
[Name, Pg/Sec#]	Conduct debriefing for bomb squad personnel.	100% of personnel briefed			
[Name, Pg/Sec#]	Conduct debriefing, when necessary, for all onscene emergency personnel.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fatality Management	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify entity responsible for developing and maintaining plans, procedures, programs, and systems across all hazards.	[From plan]			
[Name, Pg/Sec#]	Involve medical examiner/coroner, emergency preparedness, public health, hospitals, and funeral directors, at a minimum, in the development of plans and procedures.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain comprehensive fatality management mission-critical list (i.e., facilities, personnel, and agencies).	Update every 12 months			
[Name, Pg/Sec#]	Develop contingency plan for obtaining surge personnel for fatality management.	Update every 2 years			
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for scene operations.	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for morgue operations.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for antemortem data management.	Update every 2 years			
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for victim identification.	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for final disposition.	[From plan]			
[Name, Pg/Sec#]	Develop contingency plans for final disposition of remains.	Update every 2 years			
[Name, Pg/Sec#]	Develop plans, procedures, protocols, and systems for fatality surge.	Update every 2 years			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_


### Develop and Maintain Training and Exercise Programs

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement training programs for fatality management.	Conduct every 2 years			
[Name, Pg/Sec#]	Develop and implement exercise programs for fatality management.	Conduct every 2 years			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Fatality Management Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate fatality management. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate Federal mortuary/morgue services. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with local legal authority in mortuary affairs. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate State assistance for next-of-kin notification and collection of antemortem information. _____ _____	[From plan]			
[Name, Pg/Sec#]	Identify medico-legal authority. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with medical facility/department of public health/general medical community. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop fatality management inputs to an incident action plan (IAP) by evaluating previously developed plans, procedures, protocols, and systems. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with public health and regulatory agencies to develop plans, procedures, and protocols to protect fatality management personnel from infectious diseases as well as environmental, radiological, chemical, and other hazards when handling remains. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with public health and regulatory agencies to develop plans, procedures, and protocols to protect fatality management personnel from infectious diseases as well as environmental, radiological, chemical, and other hazards when handling remains.  	[From plan]			
[Name, Pg/Sec#]	Identify key morgue staff.  	[From plan]			
[Name, Pg/Sec#]	Identify medical examiner/coroner staff for antemortem data collection in Family Assistance Center.  	[From plan]			
[Name, Pg/Sec#]	Coordinate regional and State assistance for victim identification and mortuary services and the processing, preparation, and disposition of remains.  	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

### Activate Fatality Management Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate scene operations.	[From plan]			
[Name, Pg/Sec#]	Mobilize medical examiner/coroner.	[From plan]			
[Name, Pg/Sec#]	Provide primary care physician with medico-legal authority.	[From plan]			
[Name, Pg/Sec#]	Deploy portable morgue as appropriate.	Operational within 24 hours from arrival			
[Name, Pg/Sec#]	Activate and implement fatality surge plan.	Operational within 12 hours from callout			
[Name, Pg/Sec#]	Determine morgue location.	[From plan]			
[Name, Pg/Sec#]	Request activation of Disaster Mortuary Operational Response Team (DMORT) as appropriate.	Arrival within 72 hours from callout			

### Activity Analysis

Observations (Each bullet will need a completed AAR input form.)

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Conduct Onscene Fatality Management Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct scene survey for fatality management operations.	Within 2 hours from notification			
[Name, Pg/Sec#]	Document scene for fatality management operations.	100%			
[Name, Pg/Sec#]	Document (photograph, measure, obtain witness statements) in a manner consistent with the medical examiner/coroner's incident plan.	[From plan]			
[Name, Pg/Sec#]	Gather forensic evidence for fatality management operations.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Remove remains to staging.	[From plan]			
[Name, Pg/Sec#]	Decontaminate remains.	[From plan]			
[Name, Pg/Sec#]	Recover human remains in a dignified manner.	[From plan]			
[Name, Pg/Sec#]	Transport remains to staging.	[From plan]			
[Name, Pg/Sec#]	Transfer remains from staging to morgue operations.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_




**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Conduct Morgue Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement morgue operations.	[From plan]			
[Name, Pg/Sec#]	Receive remains at morgue.	[From plan]			
[Name, Pg/Sec#]	Store human remains.	[From plan]			
[Name, Pg/Sec#]	Package personal effects found with remains for return to next-of-kin (if possible).	[From plan]			
[Name, Pg/Sec#]	Perform autopsies.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Manage Antemortem Data

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate antemortem data collection activities.	Within 48 hours from incident			
[Name, Pg/Sec#]	Establish antemortem record repository and its housing facility.	Within 48 hours from incident			
[Name, Pg/Sec#]	Conduct collection of antemortem information.	[From plan]			
[Name, Pg/Sec#]	Conduct DNA collection of family members.	[From plan]			
[Name, Pg/Sec#]	Enter data obtained in interviews into library.	[From plan]			
[Name, Pg/Sec#]	Implement a balanced approach to address the needs of victims versus those families who have lost family members.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Conduct Victim Identification

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate victim identification operations. _____ _____	[From plan]			
[Name, Pg/Sec#]	Compare data from morgue and Family Assistance Center. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct DNA analysis as indicated. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct fingerprint/palmprint/footprint analysis. _____ _____	[From plan]			
[Name, Pg/Sec#]	Check with local/State/Federal/international databases. _____ _____	[From plan]			
[Name, Pg/Sec#]	Identify remains. _____ _____	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

**Conduct Final Disposition**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate final disposition operations.	[From plan]			
[Name, Pg/Sec#]	Issue death certificate.	100% of victims			
[Name, Pg/Sec#]	Notify next-of-kin.	[From plan]			
[Name, Pg/Sec#]	Release remains to next-of-kin or local authorities if no next-of-kin are identified.	[From plan]			
[Name, Pg/Sec#]	Return affects to next-of-kin.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Demobilize Fatality Management Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Reconstitute fatality management personnel and equipment.	Within 48 hours from start of demobilization			
[Name, Pg/Sec#]	Participate in operational review of fatality management operations.	100% of fatality management personnel			
[Name, Pg/Sec#]	Identify fatality management staff postoperational needs.	[From plan]			
[Name, Pg/Sec#]	Provide information to fatality management personnel on where and how to obtain medical, psychological, and financial assistance.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fatality Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fire Incident Response Support	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, programs, and agreements on fire-related public safety protection activities, including regionwide or interstate automatic and mutual aid response protocols.	[From plan]			
[Name, Pg/Sec#]	Develop firefighting capability needed based on risk and threat assessment.	[From plan]			
[Name, Pg/Sec#]	Develop procedures and protocols for coordinating protective action communications with at-risk population onscene.	[From plan]			
[Name, Pg/Sec#]	Conduct fire code inspections, and coordinate with appropriate personnel for building inspections and compliance strategies.	[From plan]			
[Name, Pg/Sec#]	Conduct fire education and life safety training and education programs.	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and equipment guidelines to support firefighting response operations.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct building plan reviews to reduce or eliminate hazards.	[From plan]			
[Name, Pg/Sec#]	Develop plans for establishing alternative water supply.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement firefighting training program.	Conduct training every 12 months			
[Name, Pg/Sec#]	Develop and implement training to enable fire rescue and emergency medical services (EMS) to recognize the presence of chemical, biological, radiological, nuclear, or high-yield explosives (CBRNE) materials.	Conduct training every 12 months			
[Name, Pg/Sec#]	Develop and implement firefighting exercise program.	Conduct exercising every 12 months			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Fire Incident Response Support**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish and implement onscene management for firefighting (utilizing the Incident Command System [ICS]).	[From plan]			
[Name, Pg/Sec#]	Receive notification of incident.	[From plan]			
[Name, Pg/Sec#]	Respond to scene with initial fire suppression resource assignment.	Within 4 minutes from call			
[Name, Pg/Sec#]	Arrive onscene.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Size Up (Assess Site)**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Observe incident site upon arrival, and conduct initial sizeup (site assessment).	[From plan]			
[Name, Pg/Sec#]	Provide verbal situation report.	Within 2 minutes from arrival onscene			
[Name, Pg/Sec#]	Communicate need for additional resources.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Fire Incident Response Support Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with onsite incident management.  	Within 5 minutes from arrival			
[Name, Pg/Sec#]	Assign a safety officer to oversee firefighting operations.  	[From plan]			
[Name, Pg/Sec#]	Establish initial Rapid Intervention Company (iRIC).  	[From plan]			
[Name, Pg/Sec#]	Establish objectives for conducting firefighting operations at incident scene.  	[From plan]			
[Name, Pg/Sec#]	Assess resource requirements.  	[From plan]			
[Name, Pg/Sec#]	Coordinate fire attack, victim rescue, and ventilation operations.  	[From plan]			
[Name, Pg/Sec#]	Coordinate fire suppression operations.  	[From plan]			
[Name, Pg/Sec#]	Notify other agencies as required by law.  	Within 30 minutes from arrival			
[Name, Pg/Sec#]	Communicate internal incident response information.  	[From plan]			
[Name, Pg/Sec#]	Develop a water supply plan.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Maintain personnel accountability system.	[From plan]			
[Name, Pg/Sec#]	Provide for responder safety, in coordination with safety officer, including responder rehabilitation.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Search Scene and Rescue

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Initiate search for endangered, trapped, or injured victims.	[From plan]			
[Name, Pg/Sec#]	Remove endangered, trapped, or injured victims to safe area.	[From plan]			
[Name, Pg/Sec#]	Initiate or request treatment for victims.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Contain and Control**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Deploy primary and backup fire attack lines.	[From plan]			
[Name, Pg/Sec#]	Implement fire attack plan.	[From plan]			
[Name, Pg/Sec#]	Conduct firefighting operations.	[From plan]			
[Name, Pg/Sec#]	Establish large master stream to contain spread of fire.	[From plan]			
[Name, Pg/Sec#]	Establish collapse zones, and protect critical infrastructure.	[From plan]			
[Name, Pg/Sec#]	Incorporate additional resources to contain, control, and extinguish fire.	[From plan]			
[Name, Pg/Sec#]	Establish plan and alternate water supply.	[From plan]			
[Name, Pg/Sec#]	Implement plan and alternate water supply if needed.	Within 30 minutes from loss of supply			
[Name, Pg/Sec#]	Assist in removal of affected individuals from the incident site.	[From plan]			
[Name, Pg/Sec#]	Initiate or request treatment for victims.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide ongoing situation reports.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_




**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Overhaul Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Locate hot spots and hidden fire in void spaces.	100%			
[Name, Pg/Sec#]	Preserve incident scene for fire investigators and/or law enforcement.	[From plan]			
[Name, Pg/Sec#]	Conduct fire overhaul operations.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Cause and Origin**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Collect and preserve noncontaminated evidence.	[From plan]			
[Name, Pg/Sec#]	Collect and preserve contaminated evidence.	[From plan]			
[Name, Pg/Sec#]	Investigate fires.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Fire Incident Response Support

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Fire Incident Response Support**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Inventory equipment and apparatus.	Within 30 minutes from start of demob- ilization			
[Name, Pg/Sec#]	Clean and repair equipment and apparatus before return to service.	Within 60 minutes from start of demob- ilization			
[Name, Pg/Sec#]	Participate in incident debriefing.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Food and Agriculture Safety and Defense	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct vulnerability assessments of sector-specific critical infrastructure and key resources.	[From plan]			
[Name, Pg/Sec#]	Develop methods for emergency assessment of firms that manufacture, prepare, and hold U.S. Department of Agriculture (USDA)-regulated commodities.	[From plan]			
[Name, Pg/Sec#]	Develop methods for emergency assessment of firms that manufacture, prepare, and hold U.S. Food and Drug Administration (FDA)-regulated commodities.	[From plan]			
[Name, Pg/Sec#]	Create emergency response plan for response to all food operations for retail, food service, mass feeding, and food processing facilities.	[From plan]			
[Name, Pg/Sec#]	Develop emergency guidelines and operation criteria for retail food, wholesale, and processing during disasters.	[From plan]			
[Name, Pg/Sec#]	Develop communications plan for food safety for regulated facilities and the general public.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop guidelines or procedures for properly conducting a coordinated outbreak investigation of food and agricultural events.   	[From plan]			
[Name, Pg/Sec#]	Develop plans or guidelines for properly disposing of contaminated food products or diseased crops.   	[From plan]			
[Name, Pg/Sec#]	Develop, adapt, or implement plans to support Incident Command, Unified Command, or other agencies as needed for food and agricultural safety response.   	[From plan]			
[Name, Pg/Sec#]	Develop procedures for providing surge staff to support Incident Command and Emergency Operations Centers (EOCs) during a food event.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and programs for responding to a food safety or agricultural disease event.   	[From plan]			
[Name, Pg/Sec#]	Prepare food and agriculture emergency public information plans.   	[From plan]			
[Name, Pg/Sec#]	Develop a food and agriculture crisis communications plan.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, procedures, and systems for responder safety and health.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, procedures, and policies for coordinating, managing, and disseminating public information regarding food and agricultural safety.	[From plan]			
[Name, Pg/Sec#]	Plan and provide for external media support and operations.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain emergency declaration protocols and template.	[From plan]			
[Name, Pg/Sec#]	Develop a communications network with State homeland security departments.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

***Develop and Maintain Training and Exercise Programs***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and conduct emergency food safety response training to field staff and managers of State/local food programs having responsibility for food safety response (training should include appropriate job safety training).	[From plan]			
[Name, Pg/Sec#]	Provide food safety training to responders and volunteers.	[From plan]			
[Name, Pg/Sec#]	Develop and implement exercise programs for food and agricultural safety and defense.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Food and Agriculture Safety and Defense Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Dispatch food and agriculture personnel to location of suspected contamination.  	[From plan]			
[Name, Pg/Sec#]	Activate the onsite Incident Command System (ICS).  	[From plan]			
[Name, Pg/Sec#]	Request food and agriculture resources needed for response to field operations.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with Federal, State, and local agencies to ensure the safety and security of meat, poultry, and egg products in retail groceries and food service establishments and institutions.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with Federal, State, and local agencies to ensure the safety and security of products in retail and food service establishments and institutions.  	[From plan]			
[Name, Pg/Sec#]	Coordinate food and agriculture emergency management plans at the local, State, and national levels.  	[From plan]			
[Name, Pg/Sec#]	Coordinate the provision of timely and accurate emergency public information through the Joint Information System (JIS).  	[From plan]			
[Name, Pg/Sec#]	Provide direction, information, and support as appropriate to Incident Command or Unified Command and Joint Field Offices (JFOs).  	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate the EOC.  	[From plan]			
[Name, Pg/Sec#]	Direct and coordinate EOC operations.  	[From plan]			
[Name, Pg/Sec#]	Establish and maintain food and agricultural safety response communication systems.  	[From plan]			
[Name, Pg/Sec#]	Coordinate food and agricultural safety response operations and support.  	[From plan]			
[Name, Pg/Sec#]	Manage surveillance activities for agriculture and natural resources.  	[From plan]			
[Name, Pg/Sec#]	Coordinate food and agriculture investigation activities.  	[From plan]			
[Name, Pg/Sec#]	Coordinate food and agriculture evidence preservation procedures.  	[From plan]			
[Name, Pg/Sec#]	Coordinate food recovery programs.  	[From plan]			
[Name, Pg/Sec#]	Coordinate food facility decontamination.  	[From plan]			
[Name, Pg/Sec#]	Coordinate cleaning and decontamination of affected food facilities.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate the disposal of contaminated food.	[From plan]			
[Name, Pg/Sec#]	Coordinate agricultural recovery programs.	[From plan]			
[Name, Pg/Sec#]	Ensure the safety, efficacy, and security of regulated foods, the blood supply, drugs, medical devices, and other U.S. Department of Health and Human Services (HHS)-regulated products.	[From plan]			
[Name, Pg/Sec#]	Ensure the Nation's commercial supply of food is safe and secure following a catastrophic incident.	[From plan]			
[Name, Pg/Sec#]	Implement guidelines or procedures for properly conducting a coordinated outbreak investigation of food and agricultural events.	[From plan]			
[Name, Pg/Sec#]	Ensure close coordination and cooperation among regional, State, Federal, and international agencies and with the private sector and nongovernmental associations to facilitate food and agriculture response efforts.	[From plan]			
[Name, Pg/Sec#]	Direct agricultural processes for surveillance and testing and isolation or quarantine for threats to agricultural assets and the food supply.	[From plan]			
[Name, Pg/Sec#]	Provide food and agriculture laboratory and diagnostic support, subject matter expertise, and technical assistance.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure the adequacy of food and agriculture resources.  	[From plan]			
[Name, Pg/Sec#]	Request subject matter expertise from supporting agencies to assist in the response and recovery effort.  	[From plan]			
[Name, Pg/Sec#]	Establish regional and State plans and protocols for food and agricultural safety response and requests for assistance.  	[From plan]			
[Name, Pg/Sec#]	Activate food and agriculture safety and defense personnel.  	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Surveillance**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct epidemiological investigations as surveillance reports warrants, and coordinate Federal, State, and local veterinary assistance assets/services.	[From plan]			
[Name, Pg/Sec#]	Search actively for food and agriculture cases.	[From plan]			
[Name, Pg/Sec#]	Initiate food and agriculture database and data management.	[From plan]			
[Name, Pg/Sec#]	Develop basic case descriptions by conducting interviews and reviewing medical records.	[From plan]			
[Name, Pg/Sec#]	Conduct food and agriculture laboratory detection and confirmation.	[From plan or new TCL]			
[Name, Pg/Sec#]	Disseminate food and agriculture laboratory testing results to appropriate stakeholders/partners.	[From plan]			
[Name, Pg/Sec#]	Maintain chain-of-custody of all food and agriculture evidence.	[From plan]			
[Name, Pg/Sec#]	Integrate surveillance findings related to food and agriculture.	[From plan]			
[Name, Pg/Sec#]	Compile information about threats to food.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Use the results from a food sample analysis to determine the breadth of contamination.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Trace Suspect Products

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Collect and preserve contaminated food and agriculture evidence.	[From plan]			
[Name, Pg/Sec#]	Collect and preserve noncontaminated food and agriculture evidence.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Inspect the safety and security of the food infrastructure in the affected area.  	100%			
[Name, Pg/Sec#]	Inspect the safety and security of the agricultural infrastructure in the affected area.  	100%			
[Name, Pg/Sec#]	Inspect and monitor meat, poultry, and egg establishments that can continue to operate in the affected area.  	100%			
[Name, Pg/Sec#]	Inspect food facilities that can continue to operate in the affected area.  	100%			
[Name, Pg/Sec#]	Use laboratory testing and field investigations to identify products that are safe and fit for human consumption.  	[From plan]			
[Name, Pg/Sec#]	Conduct product tracing to determine the source, destination, and disposition of adulterated or contaminated products.  	[From plan]			
[Name, Pg/Sec#]	Conduct inspection and monitoring of food products and establishments in affected areas.  	[From plan]			
[Name, Pg/Sec#]	Conduct inspection and monitoring of agriculture products and establishments in affected areas.  	[From plan]			
[Name, Pg/Sec#]	Generate possible associations of transmission, exposure, and source of food and agriculture events.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify possible sources of food and agricultural safety events.	[From plan]			
[Name, Pg/Sec#]	Identify populations and locations at risk from food and/or agricultural safety events.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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- 
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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Food and Agriculture Safety and Defense

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Product Disposal and Surface and Food Facility Decontamination**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify assets for food and agriculture decontamination activities.	[From plan]			
[Name, Pg/Sec#]	Implement food and agriculture hazardous material disposal plan.	[From plan]			
[Name, Pg/Sec#]	Conduct surface and facility decontamination.	[From plan]			
[Name, Pg/Sec#]	Perform food and agriculture cleanup operations.	[From plan]			
[Name, Pg/Sec#]	Dispose of contaminated food.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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- 
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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Information Gathering and Recognition of Indicators and Warnings	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and maintain operationally sound policies to comply with regulatory, statutory, privacy, and other issues that may govern the gathering of information.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain procedures, systems, and/or technology to process the inflow of gathered information from all sources in a timely fashion.	[From plan]			
[Name, Pg/Sec#]	Develop and provide States and tribal authorities with information needs clearly defined by the Federal community based on the threat environment in a timely manner.	Update every 12 months			
[Name, Pg/Sec#]	Provide the Federal community with feedback on specificity and relevance of Federal information needs products defined by the State.	[From plan]			
[Name, Pg/Sec#]	Communicate information needs from Federal community and States to local law enforcement, tribal, private-sector, and other appropriate personnel as needed and in a timely manner.	Update every 12 months			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide feedback from information-gathering entities to the State on specificity and relevance of State information needs products.   	[From plan]			
[Name, Pg/Sec#]	Develop and communicate baseline indicators and warnings sets from Federal community to State and tribal authorities.   	[From plan]			
[Name, Pg/Sec#]	Determine within the Federal community Essential Elements of Information (EEI) that can be used to identify terrorist operations.   	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and initiate terrorism indicator sets and relationship training programs.	Update every 12 months			
[Name, Pg/Sec#]	Develop and distribute information gathering and reporting programs.	[From plan]			
[Name, Pg/Sec#]	Develop and initiate critical infrastructure surveillance technique and criteria.	[From plan]			
[Name, Pg/Sec#]	Provide training feedback to Federal trainers.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Gather Information**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Gather homeland security information during routine day-to-day activities, and pass to appropriate authorities.	[From plan]			
[Name, Pg/Sec#]	Identify items and materials used by criminal and/or terrorist organizations to carry out attacks.	[From plan]			
[Name, Pg/Sec#]	Catalog information provided by all sources, and retain in a database to enable timely retrieval.	[From plan]			
[Name, Pg/Sec#]	Conduct information-gathering operations on critical infrastructure and other potentially high-risk locations or assets.	[From plan]			
[Name, Pg/Sec#]	Coordinate information-gathering activities with relevant tribal, local, State, and Federal entities on an ongoing basis, in particular with the Joint Terrorism Task Force (JTTF) in terrorism-related cases.	[From plan]			
[Name, Pg/Sec#]	Establish short-, medium-, and long-term coordinated information gathering policies, procedures, and systems.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

### Identify Suspicious Circumstances

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Recognize suspicious activities involving items and materials used by criminal and/or terrorist organizations.	[From plan]			
[Name, Pg/Sec#]	Recognize and identify suspicious circumstances or indicators and warnings that may be associated with planning, support, and operations related to potential criminal and/or terrorist-related activities.	[From plan]			
[Name, Pg/Sec#]	Utilize a predefined notification process to advise law enforcement of suspicious activity.	[From plan]			
[Name, Pg/Sec#]	Notify law enforcement of potential terrorist activities in/around or related to private-sector businesses/operations.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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### Screen Information

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide guidance to create linked, compatible national database architecture.	[From plan]			
[Name, Pg/Sec#]	Query databases or records to check for significance of information.	[From plan]			
[Name, Pg/Sec#]	Maintain and update procedures and/or systems to process the inflow of gathered information from all sources in a timely fashion.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Information Gathering and Recognition of Indicators and Warnings

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Intelligence Analysis and Production	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide terminology/lexicon glossary from Federal Government to all relevant fusion center/process entities to eliminate agency-to-agency terminology confusion.	[From plan]			
[Name, Pg/Sec#]	Use tearline formats to ensure that State, local, and/or tribal officials with varying levels of clearance have access to useful information.	[From plan]			
[Name, Pg/Sec#]	Develop a broad, national, uniform template for analytic products.	[From plan]			
[Name, Pg/Sec#]	Provide guidance for planners to develop their own current intelligence products, indications, and warnings at all levels.	[From plan]			
[Name, Pg/Sec#]	Develop guidance for establishing threat at the management level.	[From plan]			
[Name, Pg/Sec#]	Develop means to share regional and State indications and warnings.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop memorandums of understanding for information sharing with other fusion centers.	[From plan]			
[Name, Pg/Sec#]	Develop guidelines for tailoring information according to audience.	[From plan]			
[Name, Pg/Sec#]	Develop plans and procedures for establishing and staffing fusion center.	[From plan]			
[Name, Pg/Sec#]	Develop job descriptions and training requirements for personnel.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Train permanent and assigned analytical staff on the intelligence cycle and developing analytic products.	[From plan]			
[Name, Pg/Sec#]	Develop national standard for training fusion center/process staff.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Establish Fusion Center**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish and maintain a fusion center/process using the national guidelines and standards; co-locate with an existing entity if practicable/desirable.   	[From plan]			
[Name, Pg/Sec#]	Sustain technical and procedural connectivity with critical intelligence and information streams.   	[From plan]			
[Name, Pg/Sec#]	Access intelligence and information repositories at all levels of classification as necessary.   	[From plan]			
[Name, Pg/Sec#]	Ensure appropriate technological redundancy.   	[From plan]			
[Name, Pg/Sec#]	Incorporate the fusion center/process principles of the Criminal Intelligence Model Policy (International Association of Chiefs of Police [IACP]).   	[From plan]			
[Name, Pg/Sec#]	Establish and maintain communications, including electronic connectivity with other region fusion center/processes.   	[From plan]			
[Name, Pg/Sec#]	Relay/pass terrorist-related information to the Federal Bureau of Investigation (FBI) Joint Terrorism Task Force (JTTF) and FBI Field Intelligence Group (FIG).   	[From plan]			
[Name, Pg/Sec#]	Adhere to privacy and security rules in operating fusion center/process.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Access Information

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Receive, extract, or collect information from all available sources, including all relevant databases and systems available to the State fusion center, on a continuous basis and with appropriate technological redundancy.	[From plan]			
[Name, Pg/Sec#]	Ensure that unclassified briefings, reports, and alerts are used whenever possible to provide credible information that allows public safety, private-sector, and non-law enforcement agencies to develop intelligence- and information-driven prevention plans without compromising source or collection methods.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>– Root Cause</li> <li>– Root Cause</li> <li>– Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Analyze Information/Intelligence**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Prioritize intelligence based on relevance of the information and the finished intelligence products to potential threat elements.	[From plan]			
[Name, Pg/Sec#]	Blend, reconcile, and deconflict data, information, and intelligence received from multiple sources.	[From plan]			
[Name, Pg/Sec#]	Identify patterns and trends that may indicate an emerging, immediate, or long-term threat condition.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify links between terrorism-related intelligence and information related to traditional criminal activity so as to identify activities indicative of an imminent or potential threat.	[From plan]			
[Name, Pg/Sec#]	Utilize all relevant and useful analytic methodologies, tools, and technology to provide a more comprehensive and useful product.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence Analysis and Production

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop Analytic Products**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide briefings, reports, and/or alerts tailored to recipients with detailed, specific information on actions or activities that may be indicative of an emerging threat.	[From plan]			
[Name, Pg/Sec#]	Analyze information needs on a continuous basis for short- and long-term intelligence requirements.	[From plan]			
[Name, Pg/Sec#]	Archive information and intelligence in a searchable repository to support future efforts by all fusion analysts.	[From plan]			
[Name, Pg/Sec#]	Vet and review products prior to distribution.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Intelligence and Information Sharing and Dissemination	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify all Federal, State, regional, local, and tribal stakeholders for inclusion in the information-sharing framework.	[From plan]			
[Name, Pg/Sec#]	Identify non-law enforcement governmental entities and officials for inclusion in the information-sharing framework.	[From plan]			
[Name, Pg/Sec#]	Identify appropriate law enforcement and other enforcement governmental personnel for receipt of security clearances at an appropriate level to ensure effective dissemination of critical information.	[From plan]			
[Name, Pg/Sec#]	Develop information sharing network standards: survivable, interoperable, compatible, secure, accessible.	[From plan]			
[Name, Pg/Sec#]	Develop alternate, supplemental, and backup routing procedures.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain operationally sound policies to comply with regulatory, statutory, privacy, and other issues that may govern the gathering of information.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop regulatory, statutory, and/or privacy policies.	[From plan]			
[Name, Pg/Sec#]	Develop a clearly defined process for preventing, reporting, and addressing the inappropriate disclosure of information and/or intelligence.	[From plan]			
[Name, Pg/Sec#]	Develop a clearly defined mechanism/process (reduced to a single pipeline wherever possible or prudent) for sharing information/intelligence between Federal and State sources.	[From plan]			
[Name, Pg/Sec#]	Establish alternative, supplemental, and backup mechanisms for routing information and/or intelligence to the necessary agencies.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Design and conduct exercises to test Intelligence and Information Sharing and Dissemination tasks within a single unit and jointly with other jurisdictions and levels of government.	[From plan]			
[Name, Pg/Sec#]	Train appropriate personnel on intelligence and information sharing and dissemination processes and procedures.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Incorporate All Stakeholders in Information Flow**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Share information and/or intelligence between Federal, State, local, and tribal levels by using clearly defined mechanisms/processes.	[From plan]			
[Name, Pg/Sec#]	Adhere to predefined security clearances and need-to-know parameters when disseminating information and intelligence.	[From plan]			
[Name, Pg/Sec#]	Comply with regulatory, statutory, privacy-related, and other issues that may govern the sharing of information.	[From plan]			
[Name, Pg/Sec#]	Prevent, report, and/or address inappropriate disclosures of information and/or intelligence.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Vertically Flow Information**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Share intelligence and information systematically between Federal, State, local, and regional entities in a timely manner.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Disseminate relevant intelligence and/or information from Federal or State entities to local authorities in a usable format and in a timely manner.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Disseminate relevant information and/or intelligence products to street-level law enforcement personnel.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Provide relevant intelligence and/or information from local authorities to Federal or State entities in a usable format and in a timely manner.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Declassify or provide tearlines for relevant information and/or intelligence.	[From plan]			
	_____				
	_____				

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Horizontally Flow Information**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Adhere to horizontal coordination across jurisdictions among law enforcement and other appropriate agencies at all levels through effective and timely information sharing.	[From plan]			
[Name, Pg/Sec#]	Share intelligence and/or information across disciplines in a timely and effective manner.	[From plan]			
[Name, Pg/Sec#]	Structure dissemination and information sharing mechanisms so that private-sector entities receive accurate, timely, and unclassified information that is updated frequently and is consistent with their formal intelligence requirements.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Intelligence and Information Sharing and Dissemination  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Isolation and Quarantine	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, policies, and procedures for implementing isolation and quarantine.	[From plan]			
[Name, Pg/Sec#]	Introduce legislation authorizing isolation and quarantine (including quarantine of groups).	[From plan]			
[Name, Pg/Sec#]	Develop plans for coordinating quarantine activation and enforcement with public safety and law enforcement.	[From plan]			
[Name, Pg/Sec#]	Stand up isolation and quarantine units (including defining procedures/protocols) in all 83 of the target cities and as needed in foreign countries.	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and protocols to monitor long-term health effects across community interests.	[From plan]			
[Name, Pg/Sec#]	Establish systems, programs, and resources for implementing isolation and quarantine.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Improve monitoring of adverse treatment reactions among those people who have received medical countermeasures and have been isolated or quarantined.	[From plan]			
[Name, Pg/Sec#]	Create and implement policies to deal with the financial impact to individuals who are placed in isolation or quarantine and to the public health system.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement training for isolation and quarantine.	[From plan]			
[Name, Pg/Sec#]	Develop and implement exercises for isolation and quarantine.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Direct Isolation and Quarantine Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify decisionmakers to oversee isolation and quarantine conduct.  	[From plan]			
[Name, Pg/Sec#]	Develop disease-specific isolation and quarantine plan.  	[From plan]			
[Name, Pg/Sec#]	Identify applicable isolation and quarantine laws, policies, and implementation procedures.  	[From plan]			
[Name, Pg/Sec#]	Provide isolation and quarantine information to emergency public information for release.  	Within 5 hours of identifying need			
[Name, Pg/Sec#]	Coordinate with public information agencies to disseminate health and safety information to the public.  	[From plan]			
[Name, Pg/Sec#]	Coordinate public information releases about those people who have been isolated or quarantined.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with public information agencies regarding notification of quarantine or isolation to ensure compliance of the general public (e.g., doors are locked and may be opened only by public health official or designated persons).  	[From plan]			
[Name, Pg/Sec#]	Promote the public acceptance of isolation and quarantine as necessary control measures.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with public information agencies to provide timely dissemination of health and safety information to the public regarding risk and protective actions.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with law enforcement to monitor and enforce restrictions, if necessary.   	[From plan]			
[Name, Pg/Sec#]	Ensure appropriate judicial review of isolation and quarantine orders.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with public health and medical services to ensure appropriate care for those individuals who have been isolated or quarantined.   	[From plan]			
[Name, Pg/Sec#]	Ensure critical medical care for any ill individuals (related to the epidemic or not).   	[From plan]			
[Name, Pg/Sec#]	Coordinate comprehensive stress management strategies, programs, and crisis response teams for isolation and quarantine operations.   	[From plan]			
[Name, Pg/Sec#]	Assist public health in disease control, quarantine, containment, and eradication.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with mass care to provide water, food, and bulk supplies to isolated and quarantined individuals.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure that adequate food, water, and medication are provided to quarantined or isolated persons (through public health officials, with oversight by case manager). (Note: This involves all appropriate sectors, not just public health officials.)	[From plan]			
[Name, Pg/Sec#]	Coordinate with public works for retrieval and disposal of contaminated articles from homes or other locations where individuals are isolated or quarantined.	[From plan]			
[Name, Pg/Sec#]	Coordinate with the agriculture community regarding potential animal influence on need for isolation/quarantine.	[From plan]			
[Name, Pg/Sec#]	Report health status data on isolated and quarantined populations.	[From plan]			
[Name, Pg/Sec#]	Monitor for fever or evidence of infection (quarantine) or progression of illness requiring hospitalization (isolation) by epidemic agent.	[From plan]			
[Name, Pg/Sec#]	Identify and respond to adverse events (epidemic treatment or prophylaxis).	[From plan]			
[Name, Pg/Sec#]	Maintain communication channels (Centers for Disease Control and Prevention [CDC] Coordinating Office for Laboratory Response Network [LRN]).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Have or have access to information systems to support monitoring adherence to isolation and quarantine measures that comply with the Public Health Information Network (PHIN) functional requirements for Countermeasure and Response Administration.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### Activate Isolation and Quarantine

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify community sites suitable for quarantine.	[From plan]			
[Name, Pg/Sec#]	Issue isolation and quarantine order or an agreement for voluntary isolation.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Issue an order that closes public venues based on the recommendation of an epidemiologist.	[From plan]			
[Name, Pg/Sec#]	Disseminate guidelines for isolation and quarantine restrictions.	Within 2 hours from order being issued			
[Name, Pg/Sec#]	Disseminate protocols for isolation and caregiver treatment of isolated individuals.	Within 2 hours from order being issued			
[Name, Pg/Sec#]	Stand up isolation and quarantine units.	Within 24 hours from notification of need			
[Name, Pg/Sec#]	Ensure mental healthcare and access to religious practices.	[From plan]			
[Name, Pg/Sec#]	Ensure access to communication with family and friends to reduces unnecessary stress.	[From plan]			
[Name, Pg/Sec#]	Provide personal protective equipment (PPE) and culturally and linguistically appropriate instruction on its use for household members and caregivers.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	
Areas for Improvement	
•	– Root Cause
•	– Root Cause
•	– Root Cause
Additional Observations: _____	
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**Implement Travel Restrictions**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish traveler screening locations.	Within 30 minutes from screener arrival onsite			
[Name, Pg/Sec#]	Screen inbound/outbound travelers from outbreak or pandemic areas for illness or exposure.	100%			
[Name, Pg/Sec#]	Prevent boarding of potentially infected passengers in foreign countries with endemic disease.	[From plan]			
[Name, Pg/Sec#]	Educate international travelers on health risks and symptoms.	[From plan]			
[Name, Pg/Sec#]	Screen and educate all staff of outbound flights to exclude potentially infected passengers.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Isolate and quarantine potentially infected travelers.	100%			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


### Implement Voluntary Isolation and Quarantine

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Acquire identification information of affected individuals under voluntary isolation and quarantine.	[From plan]			
[Name, Pg/Sec#]	Provide medical and supportive care guidance to community under voluntary isolation and quarantine.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide infection control education materials to community under voluntary isolation and quarantine and hospitals.   	100% of community			
[Name, Pg/Sec#]	Monitor health status of voluntarily isolated and quarantined individuals and caregivers in the community and hospitals.   	[From plan]			
[Name, Pg/Sec#]	Arrange for transportation to designated healthcare facilities of critically ill individuals under voluntary isolation and quarantine.   	[From plan]			
[Name, Pg/Sec#]	Monitor compliance in whatever way is necessary (e.g., direct communication with the person under order via landline).   	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_


### Implement Mandatory Isolation and Quarantine

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Acquire identification information of affected individuals under mandatory isolation and quarantine. _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide medical and supportive care guidance to affected population under mandatory isolation and quarantine. _____ _____	[From plan]			
[Name, Pg/Sec#]	Monitor compliance with infection control and mandatory restrictions of movement. _____ _____	[From plan]			
[Name, Pg/Sec#]	Monitor health status of individuals and caregivers under mandatory isolation and quarantine and hospital staff. _____ _____	[From plan]			
[Name, Pg/Sec#]	Arrange for transportation to designated healthcare facilities of critically ill individuals under mandatory isolation and quarantine. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Demobilize Isolation and Quarantine**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in incident debriefing on isolation and quarantine implementation.	[From plan]			
[Name, Pg/Sec#]	Release personnel supporting isolation and quarantine operations.	[From plan]			
[Name, Pg/Sec#]	Reconstitute resources and facilities supporting isolation and quarantine operations.	Within 7 days following demobilization			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Isolation and Quarantine

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Counter-Terror Investigation and Law Enforcement	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish an infrastructure by which States and local governments can exchange terrorism and crime information.	[From plan]			
[Name, Pg/Sec#]	Develop, implement, and maintain an interagency or multijurisdictional training plan that ensures commonality in terrorism investigation subject matter being presented to law enforcement (State, local, tribal) and non-law enforcement (e.g., Department of Motor Vehicles, public health and safety) personnel.	[From plan]			
[Name, Pg/Sec#]	Develop, implement, and maintain a plan for using Federal specialized units or personnel in conjunction with an active investigation of a critical event.	[From plan]			
[Name, Pg/Sec#]	Develop a governmentwide program to ensure that the armed services (e.g., maritime forces) and appropriate law enforcement agencies have the capability to operate together in a mutually supportive and complementary role.	[From plan]			
[Name, Pg/Sec#]	Develop procedures for conducting appropriate background investigations on personnel applying for sensitive positions in government, law enforcement, and the private sector.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Train appropriate investigative personnel in the proper use of personal protective equipment (PPE).	[From plan]			
[Name, Pg/Sec#]	Provide training in general safety procedures for a variety of potentially hazardous environments.	[From plan]			
[Name, Pg/Sec#]	Develop and implement an interagency terrorism-investigation training plan that ensures commonality in terrorism investigations.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Design and conduct exercises to test counter-terror investigation and law enforcement tasks within a single unit and jointly with other jurisdictions and levels of government.</i>	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Conduct Investigations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Recognize terrorism indications and warnings that arise during the course of investigations.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Conduct targeted outreach with private businesses related to an investigation.</i>	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Engage in effective source development activities, including maintaining source confidentiality.  	[From plan]			
[Name, Pg/Sec#]	Implement proper procedures and processes when conducting terrorism-related investigations.  	[From plan]			
[Name, Pg/Sec#]	Follow standard crime-scene procedures.  	[From plan]			
[Name, Pg/Sec#]	Maintain ability to address chemical, biological, radiological, nuclear, and/or high-yield explosives (CBRNE) hazards that may be encountered during the course of an investigation.  	[From plan]			
[Name, Pg/Sec#]	Gather, catalogue, and preserve evidence for prosecutorial purposes and attribution.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with officials from critical infrastructure, key resources, and the private sector to facilitate an investigation.  	[From plan]			
[Name, Pg/Sec#]	Recognize indicators and warnings of potential terrorist-related activity during criminal investigations.  	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Share Information Related to Investigations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify and maintain liaisons with appropriate lead Federal terrorism investigation entities (i.e., Joint Terrorism Task Force [JTTF]). _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct targeted outreach with private businesses, industries, and facilities to assist an investigation. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct targeted outreach with Federal, State, local, and tribal governments to assist an investigation. _____ _____	[From plan]			
[Name, Pg/Sec#]	Establish, use, and maintain clear lines of reporting for information related to ongoing investigations. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Contact JTTF in a timely fashion when any nexus to terrorism is discovered.  	[From plan]			
[Name, Pg/Sec#]	Share investigation-related information across jurisdictions and among law enforcement and other agencies as appropriate.  	[From plan]			
[Name, Pg/Sec#]	Deliver investigation-related information through preestablished channels appropriate for the originating source.  	[From plan]			
[Name, Pg/Sec#]	Follow up with reporting entity if more information is necessary.  	[From plan]			
[Name, Pg/Sec#]	Provide investigators with timely threat and intelligence information.  	[From plan]			
[Name, Pg/Sec#]	Follow legal protocols on handling and disseminating information related to an ongoing investigation.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Deploy Specialty Trained Personnel**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Maintain access to special operations teams (e.g., special weapons and tactics [SWAT] teams).	[From plan]			
[Name, Pg/Sec#]	Maintain access to personnel with specialized skills (e.g., foreign language fluency).	[From plan]			
[Name, Pg/Sec#]	Dispatch special operations teams according to standard policies and procedures.	[From plan]			
[Name, Pg/Sec#]	Conduct tactical deployment.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct surveillance of suspects.  	[From plan]			
[Name, Pg/Sec#]	Secure incident scene.  	[From plan]			
[Name, Pg/Sec#]	Assess incident, and develop action plan.  	[From plan]			
[Name, Pg/Sec#]	Conduct hostage negotiations.  	[From plan]			
[Name, Pg/Sec#]	Determine and don appropriate PPE.  	[From plan]			
[Name, Pg/Sec#]	Conduct tactical entry to disarm, detain, or otherwise render harmless the suspects in accordance with the use of force policy/rules of engagement.  	[From plan]			
[Name, Pg/Sec#]	Execute search and seizure procedures.  	[From plan]			
[Name, Pg/Sec#]	Apprehend suspects.  	[From plan]			
[Name, Pg/Sec#]	Conduct mission debrief.  	[From plan]			
[Name, Pg/Sec#]	Translate documents and discourse, and conduct interviews in languages other than English when appropriate.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Counter-Terror Investigation and Law Enforcement  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Immediately share intelligence information from an operation, and archive all data in appropriate formats to allow for quick retrieval for subsequent analysis and investigation.</i>	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mass Care (Sheltering, Feeding, and Related Services)	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, policies, and procedures for the provision of mass care services to general populations in coordination with all responsible agencies.	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, and procedures for the provision of services for companion animals in coordination with all responsible agencies.	[From plan]			
[Name, Pg/Sec#]	Develop processes and criteria for conducting an assessment (functional, cultural, dietary, medical) of the general population registering at the shelter to determine suitability for the shelter and the transference of individuals and caregivers/family members to more appropriate care facilities.	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, and procedures to ensure maximum retention of people with disabilities in general population shelters.	[From plan]			
[Name, Pg/Sec#]	Develop procedures to ensure that general population shelters allow individuals to bring in existing support systems (including service animals and caregivers).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish procedures for identifying and receiving individuals to general population shelter when they no longer need to be accommodated at the functional and medical sheltering service location.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, and procedures for close cooperation between general population shelters, functional and medical support shelters, and other medical facilities.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, and procedures for activation and mobilization of mass care staff.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, and procedures to address common issues (e.g., cultural, language, people with disabilities in general population shelters) as part of the mass care service delivery.   	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for preidentification of sufficient and suitable facilities for evacuation and postimpact shelters (including nontraditional shelter facilities such as camps, hotels, etc.).   	[From plan]			
[Name, Pg/Sec#]	Enter preidentified shelter facilities into the National Shelter System (NSS).   	[From plan]			
[Name, Pg/Sec#]	Identify accessible shelters as part of preidentification of shelter option choices.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop shelter contingency plans that allow for shelter self-sufficiency for a minimum 48 hours without resupply.	[From plan]			
[Name, Pg/Sec#]	Develop shelter contingency plans that allow for shelter relocation when shelter is no longer habitable due to changing incident conditions (e.g., structural damage, contamination).	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for coordination of mass care services with agencies providing human services and housing (e.g., welfare inquiry, transitional/interim housing services, other individual/family assistance programs) and family reunification.	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, and procedures for coordination of mass care services with supporting agencies (e.g., conducting decontamination, citizen evacuation/shelter-in-place, volunteer management and donations, environmental health, and public safety and security).	[From plan]			
[Name, Pg/Sec#]	Develop public education materials concerning mass care services.	[From plan]			
[Name, Pg/Sec#]	Develop criteria and guidance materials for sheltering companion animals.	[From plan]			
[Name, Pg/Sec#]	Develop vendor agreements, memorandums of understanding (MOUs), or memorandums of agreement (MOAs) for critical mass care resources as appropriate.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement training programs for mass care personnel including sheltering, feeding, and bulk distribution for general population.	[From plan]			
[Name, Pg/Sec#]	Develop and implement training for shelter staff.	[From plan]			
[Name, Pg/Sec#]	Develop and implement exercise programs for mass care personnel including sheltering, feeding, and bulk distribution for general population.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement exercise programs for mass care personnel for delivery of mass care companion animal services.	[From plan]			
[Name, Pg/Sec#]	Develop and implement training programs for mass care personnel for delivery of companion animal services.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Direct Mass Care Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct initial and ongoing mass care needs assessment for sheltering, feeding, and bulk distribution.	Complete within 4 hours of notification of need			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Obtain information on population and location of potentially affected populations as part of planning process.   	[From plan]			
[Name, Pg/Sec#]	Coordinate anticipated need for mass care services with agencies responsible for evacuation.   	[From plan]			
[Name, Pg/Sec#]	Designate sites to serve as mass care facilities including shelters, feeding sites, reception centers, food preparation sites, distribution points, etc.   	[From plan]			
[Name, Pg/Sec#]	Estimate numbers requiring sheltering services.   	Within 4 hours; updated every 24 hours			
[Name, Pg/Sec#]	Estimate numbers requiring feeding services.   	Within 4 hours; updated every 24 hours			
[Name, Pg/Sec#]	Estimate numbers requiring bulk distribution of relief items.   	Within 4 hours; updated every 24 hours			
[Name, Pg/Sec#]	Implement a daily counting and reporting system for sheltering, feeding, and bulk distribution items delivered.   	Every 24 hours			
[Name, Pg/Sec#]	Activate contingency plans for shelter surge capacity, as needed.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate vendor agreements/MOUs/MOAs in support of mass care activities as needed.	[From plan]			
[Name, Pg/Sec#]	Acquire and provide resources necessary to support mass care services.	[From plan]			
[Name, Pg/Sec#]	Provide appropriate communication systems for mass care personnel and facilities.	[From plan]			
[Name, Pg/Sec#]	Supervise and support day-to-day mass care operations.	[From plan]			
[Name, Pg/Sec#]	Disseminate accurate, timely, and accessible information to the public, media, support agencies, and vendors about mass care services.	[From plan]			
[Name, Pg/Sec#]	Coordinate mass care services for the general population with appropriate agencies.	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate agencies on common population issues (e.g., disability, language, culture).	[From plan]			
[Name, Pg/Sec#]	Coordinate environmental health assessment of mass care operations with agencies responsible for environmental health.	[From plan]			
[Name, Pg/Sec#]	Disseminate notification of cessation of mass care operations.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate mass care services for companion animals and owners with appropriate agencies.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Activate Mass Care

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Notify mass care staff.	Within 2 hours from notification of need			
[Name, Pg/Sec#]	Mobilize needed mass care resources.	Within 4 hours from activation of plan			
[Name, Pg/Sec#]	Assemble mass care teams for each identified mass care facility.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assemble mass care teams for each identified mass care site (e.g. shelter, feeding, bulk distribution).	[From plan]			
[Name, Pg/Sec#]	Activate emergency shelters.	[From plan]			
[Name, Pg/Sec#]	Mobilize veterinary and animal shelter services.	[From plan]			
[Name, Pg/Sec#]	Assemble teams for each identified companion animal site.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Establish Shelter Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Determine whether areas are located in a safe area as determined by appropriate government agencies.	[From plan]			
[Name, Pg/Sec#]	Staff shelter with appropriately trained personnel.	[From plan]			
[Name, Pg/Sec#]	Set up shelter for operations.	Within 6 hours from activation of plan			
[Name, Pg/Sec#]	Establish self-sufficiency (water/food/staffing) of shelter for minimum of 48 hours.	[From plan]			
[Name, Pg/Sec#]	Ensure adequate communication systems are available for shelter staff.	[From plan]			
[Name, Pg/Sec#]	Conduct regular communications with mass care management.	[From plan]			
[Name, Pg/Sec#]	Provide regular updates on shelter needs and capacity.	[From plan]			
[Name, Pg/Sec#]	Coordinate provision of mass care services within the shelter.	[From plan]			
[Name, Pg/Sec#]	Coordinate provision of shelter support services with appropriate agencies.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure shelter facility is accessible or provides temporary accessibility solutions where feasible.	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate government agency to conduct an environmental health assessment for mass care operations.	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate government agency to ensure any necessary decontamination is provided for shelter residents before entering shelter facility.	[From plan]			
[Name, Pg/Sec#]	Coordinate dissemination of information about locations of different kinds of shelter, including companion animal shelters, general population shelters, and functional and medical support shelters.	[From plan]			

### Activity Analysis

#### Observations (Each bullet will need a completed AAR input form.)

##### Strengths

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##### Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Shelter General Population**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct shelter registration for general population. _____ _____	[From plan]			
[Name, Pg/Sec#]	Conduct initial assessment of population registering at shelter to ensure appropriate shelter services are provided. _____ _____	Within 12 hours from arrival			
[Name, Pg/Sec#]	Conduct detailed assessments to identify types and levels of support needed to maintain functional independence of those individuals with disabilities, and determine whether these needs can be met in general population shelters. _____ _____	Within 12 hours from arrival			
[Name, Pg/Sec#]	Coordinate with functional and medical support shelter capability to ensure that individuals are referred to appropriate settings and appropriate functional and medical care is provided. _____ _____	[From plan]			
[Name, Pg/Sec#]	Establish processes to address issues identified in the assessment of shelter registrants. _____ _____	[From plan]			
[Name, Pg/Sec#]	Make arrangements to transfer individuals and caregivers/family members to appropriate care facilities when necessary. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Request additional resources and equipment necessary to support shelter operations.	[From plan]			
[Name, Pg/Sec#]	Implement mechanisms for daily reporting of shelter population and locations.	Every 24 hours			
[Name, Pg/Sec#]	Coordinate to provide security services if needed.	[From plan]			
[Name, Pg/Sec#]	Coordinate feeding services for general populations in shelters.	Within 24 hours from shelter opening			
[Name, Pg/Sec#]	Provide culturally and restricted diet appropriate feeding services when possible.	[From plan]			
[Name, Pg/Sec#]	Provide regular updates on shelter needs and capacity.	Every 24 hours			
[Name, Pg/Sec#]	Assess ongoing medical and public health needs of shelter population, and refer as appropriate.	[From plan]			
[Name, Pg/Sec#]	Coordinate environmental health assessment of mass care operations.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Shelter Companion Animals**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish companion animal shelter.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Arrange for companion animal care/handling services.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Operate companion animal care/handling facilities.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Coordinate provision of veterinary medical services with appropriate agencies.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Coordinate with entities responsible for search and rescue for transference of companion animals into animal shelters.	[From plan]			
	_____				
	_____				

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate message regarding companion animal evacuation with agencies responsible for issuing evacuation orders.   	[From plan]			
[Name, Pg/Sec#]	Coordinate animal shelter operations with agencies responsible for environmental health.   	[From plan]			
[Name, Pg/Sec#]	Coordinate acquisition of needed companion animal resources with appropriate agencies receiving donations.   	[From plan]			
[Name, Pg/Sec#]	Coordinate transportation of companion animals with appropriate agencies.   	[From plan]			
[Name, Pg/Sec#]	Identify any special procedures necessary for the intake of companion animals (e.g., decontamination).   	[From plan]			
[Name, Pg/Sec#]	Identify and implement special procedures (e.g., decontamination) for companion animal intake.   	[From plan]			
[Name, Pg/Sec#]	Implement procedures for companion animal intake/registration.   	[From plan]			
[Name, Pg/Sec#]	Implement tracking system for intake and export of companion animals in compliance with local holding regulations.   	[From plan]			
[Name, Pg/Sec#]	Provide feeding services that ensure adequate nutrition for companion animals.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish guidance for staff on integrating volunteers while maintaining health and safety for staff, companion animals, and volunteers.	[From plan]			
[Name, Pg/Sec#]	Manage shelter facility maintenance.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Close Shelter

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure appropriate referral information is provided to shelter residents.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Transport and/or coordinate with agencies responsible for transportation of shelter population to residence or temporary/interim housing.	[From plan]			
[Name, Pg/Sec#]	Disseminate notification to close shelter operations to shelter residents, appropriate government agencies, and other partners.	Within 48 hours before closing			
[Name, Pg/Sec#]	Conduct closing inspection and walkthrough of shelters.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Establish Feeding Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Estimate projected feeding services required.  	Within 6 hours			
[Name, Pg/Sec#]	Identify kitchens, vendors, and other capabilities to prepare and distribute food.  	Within 6 hours			
[Name, Pg/Sec#]	Identify additional mobile feeding resources necessary to meet feeding need.  	Within 6 hours			
[Name, Pg/Sec#]	Assess number of prepackaged meals needed to augment feeding services.  	Within 6 hours			
[Name, Pg/Sec#]	Develop a strategy to meet projected feeding need.  	Within 6 hours			
[Name, Pg/Sec#]	Conduct inspection of identified food operation facilities to determine structural integrity, capability, and suitability.  	Within 12 hours			
[Name, Pg/Sec#]	Ensure kitchen facilities comply with local health regulations.  	Within 12 hours			
[Name, Pg/Sec#]	Staff kitchens with appropriately trained personnel.  	Within 12 hours			
[Name, Pg/Sec#]	Acquire foodstuffs for feeding operations.  	Within 12 hours			
[Name, Pg/Sec#]	Determine mobile feeding routes.  	Within 36 hours			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement reporting mechanism for daily meal counts.	Every 24 hours			
[Name, Pg/Sec#]	Coordinate with shelter managers to ensure adequate feeding is conducted at shelters.	Update every 24 hours			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Prepare and Distribute Food**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement strategy to meet feeding needs of affected population.	[From plan]			
[Name, Pg/Sec#]	Evaluate effectiveness of ongoing feeding operations.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct food preparation and distribution using safe food-handling protocols.	[From plan]			
[Name, Pg/Sec#]	Conduct mass feeding operations, including mobile and fixed.	Within 6 hours from activation			
[Name, Pg/Sec#]	Conduct food preparation and distribution using safe food-handling protocols.	[From plan]			
[Name, Pg/Sec#]	Provide culturally and diet-restriction appropriate feeding services as available.	[From plan]			
[Name, Pg/Sec#]	Ensure adequate nutrition is provided for shelter populations.	[From plan]			
[Name, Pg/Sec#]	Report accurate count of meals and snacks served.	[From plan]			
[Name, Pg/Sec#]	Disseminate notification of end to feeding operations.	48 hours before end of operations			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Establish Bulk Distribution Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish distribution sites and routes.	[From plan]			
[Name, Pg/Sec#]	Conduct inspection of identified mass care bulk distribution facilities to determine structural integrity, capability, and suitability.	[From plan]			
[Name, Pg/Sec#]	Staff bulk distribution site with appropriately trained personnel.	[From plan]			
[Name, Pg/Sec#]	Ensure adequate communication systems are available for bulk distribution staff.	[From plan]			
[Name, Pg/Sec#]	Conduct communications with mass care management.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish reporting mechanisms for daily distribution count.	[From plan]			
[Name, Pg/Sec#]	Establish bulk distribution operations at fixed sites.	[From plan]			
[Name, Pg/Sec#]	Determine mobile bulk distribution routes.	[From plan]			
[Name, Pg/Sec#]	Acquire items for bulk distribution, ensuring coordination with logistics resources.	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate agencies to determine bulk distribution needs of affected population.	[From plan]			
[Name, Pg/Sec#]	Coordinate with agencies receiving donations to acquire items needed for bulk distribution, including supplies for companion animals.	[From plan]			

### Activity Analysis

#### Observations (Each bullet will need a completed AAR input form.)

##### Strengths

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##### Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Conduct Bulk Distribution Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct bulk distribution of relief items at fixed sites.	Within 24 hours from activation			
	_____				
	_____				
[Name, Pg/Sec#]	Conduct mobile bulk distribution operations.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Report daily distribution count and number of people served.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Disseminate notification of end to bulk distribution operations.	Within 48 hours before end of operations			
	_____				
	_____				

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Demobilize Mass Care Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate demobilization of mass care resources with participating agencies. _____ _____	[From plan]			
[Name, Pg/Sec#]	Disseminate notification of demobilization of mass care resources/services. _____ _____	[From plan]			
[Name, Pg/Sec#]	Demobilize mass care resources. _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide staff briefing. _____ _____	Provide to 100% of staff			
[Name, Pg/Sec#]	Deactivate staff from operations. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Care (Sheltering, Feeding, and Related Services)  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

**Operations-Based Exercise Evaluation Guide (EEG) Analysis Form**

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mass Prophylaxis	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Create plans and systems for mass prophylaxis patient movement and tracking.	[From plan]			
[Name, Pg/Sec#]	Create plans and systems for the transport and tracking of medical supplies and equipment.	[From plan]			
[Name, Pg/Sec#]	Develop procedures for obtaining mass prophylaxis supplies from the receipt, staging, and storage (RSS) sites in coordination with the Medical Supplies and Distribution capability.	[From plan]			
[Name, Pg/Sec#]	Develop plans, procedures, and protocols for mass prophylaxis dispensing operations.	[From plan]			
[Name, Pg/Sec#]	Develop the tactical communications portion of the mass prophylaxis dispensing plan.	[From plan]			
[Name, Pg/Sec#]	Develop a mass prophylaxis inventory management system.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop procedures for the distribution and dispensing of mass prophylaxis.  	[From plan]			
[Name, Pg/Sec#]	Develop processes to ensure that first responders, public health responses, critical infrastructure personnel, and their families receive prophylaxis before point of dispensing (POD) opening.  	[From plan]			
[Name, Pg/Sec#]	Develop processes for coordinating with treatment centers.  	[From plan]			
[Name, Pg/Sec#]	Establish protocols for individuals receiving medications (e.g., number of doses, identification requirements).  	[From plan]			
[Name, Pg/Sec#]	Establish processes for obtaining and distributing investigation new drug (IND) consent forms at POD sites.  	[From plan]			
[Name, Pg/Sec#]	Develop credentialing mechanisms for volunteers and staff at mass prophylaxis dispensing sites.  	[From plan]			
[Name, Pg/Sec#]	Develop programs to ensure security of mass prophylaxis during dispensing operations.  	[From plan]			
[Name, Pg/Sec#]	Identify and address legal issues regarding authorizations for mass prophylaxis practitioners.  	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish processes for communicating with the public regarding nature of event and mass prophylaxis operations in coordination with the Emergency Public Information and Warning capability.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement training for mass prophylaxis operations.	Conduct training every 12 months			
[Name, Pg/Sec#]	Conduct training of all key personnel on fundamentals of the National Response Framework (NRF), Incident Command System (ICS), and National Incident Management System (NIMS).	Conduct training every 12 months			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement training for key personnel on tactical communications during mass prophylaxis operations.   	Conduct training every 12 months			
[Name, Pg/Sec#]	Develop and implement training on public information and communication for mass prophylaxis operations.   	Conduct training every 12 months			
[Name, Pg/Sec#]	Develop and implement training on security of mass prophylaxis.   	Conduct training every 12 months			
[Name, Pg/Sec#]	Develop and implement training for mass prophylaxis inventory management.   	Conduct training every 12 months			
[Name, Pg/Sec#]	Develop and implement training for mass prophylaxis repacking, distribution, and dispensing.   	Conduct training every 12 months			
[Name, Pg/Sec#]	Create and implement plans and drills for mass prophylaxis.   	Conduct every 12 months			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
Additional Observations: _____
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**Direct Mass Prophylaxis Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate dispensing/administration of mass prophylaxis. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate public information releases regarding location of PODs. _____ _____	Within 4 hours from POD opening			
[Name, Pg/Sec#]	Coordinate with the Medical Supply and Distribution capability to ensure that medical stockpile warehouses can resupply PODs as needed. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with public information agencies to disseminate health and safety information to the public. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate mass prophylaxis to functional and medical support sheltering locations for special-needs populations. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with law enforcement to provide security to protect medicines, supplies, and public health personnel. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish and maintain tactical equipment and communication networks including establishing redundant systems.	[From plan]			
[Name, Pg/Sec#]	Coordinate POD locations and hours of operations.	[From plan]			
[Name, Pg/Sec#]	Establish shift change procedures to ensure continuity of operations.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Mass Prophylaxis Dispensing Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement local, regional, and State plans for distributing and dispensing prophylaxis. This should include procedures for requesting Federal Strategic National Stockpile (SNS) assets when State and local caches and other available resources have been depleted.	[From plan]			
[Name, Pg/Sec#]	Initiate staff calldown lists for POD operations.	[From plan]			
[Name, Pg/Sec#]	Ensure POD site operations are established in accordance with POD-specific plans and protocols.	3 hours from notification			
[Name, Pg/Sec#]	Provide internal and external security for POD sites.	[From plan]			
[Name, Pg/Sec#]	Have or have access to information systems that support tracking mass prophylaxis allocation that comply with the Public Health Information Network (PHIN) functional requirements for Countermeasure and Response Administration.	[From plan]			
[Name, Pg/Sec#]	Assemble needed supplies and equipment for POD operations including materials to prepare oral suspension.	4 hours from notification			
[Name, Pg/Sec#]	Create and assemble signage for POD.	[From plan]			
[Name, Pg/Sec#]	Implement the plan to provide mass prophylaxis to functional and medical support sheltering locations for populations with disabilities, etc.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Establish Points of Dispensing (PODs)**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement processes for providing prophylaxis for public health responders and their families before opening the POD to the general population.	100% of designated population			
[Name, Pg/Sec#]	Implement processes for providing prophylaxis for first responders, critical infrastructure personnel, and their families before opening the POD to the general population.	100% of designated population			
[Name, Pg/Sec#]	Ensure adequate staffing levels for anticipated mass prophylaxis throughput.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement processes for obtaining and distributing mass copies of IND protocol consent forms at POD sites.	[From plan]			
[Name, Pg/Sec#]	Post signage to inform and direct the public.	[From plan]			
[Name, Pg/Sec#]	Implement processes to ensure the mobility-impaired populations have access to PODs.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Triage for Symptoms**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish number of triage stations to commensurate with the anticipated size of the throughput.	Within 4 hours from decision to activate site			
[Name, Pg/Sec#]	Ensure symptomatic individuals are directed to appropriate treatment facility.	[From plan]			
[Name, Pg/Sec#]	Transport or direct symptomatic individuals to appropriate health facility before they enter POD sites.	[From plan]			
[Name, Pg/Sec#]	Ensure that personnel conducting triage and other persons in the area are not exposed to disease.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Medical Screening**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure proper documentation is created for each individual receiving prophylaxis.	[From plan]			
[Name, Pg/Sec#]	Identify appropriate prophylaxis based on medical history and exposure.	[From plan]			
[Name, Pg/Sec#]	Ensure sufficient staffing at the POD site screening station to prevent initial bottlenecks.	[From plan]			
[Name, Pg/Sec#]	Take appropriate actions for individuals for whom prophylaxis is determined to be inappropriate.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Mass Dispensing**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Dispense the appropriate medication and dosage to the population, including children, infants, and special-needs populations.  	[From plan]			
[Name, Pg/Sec#]	Maintain a system for inventory management to ensure availability of critical prophylaxis medicines and medical supplies.  	[From plan]			
[Name, Pg/Sec#]	Ensure adequate supply of pharmaceuticals, ancillary medical supplies, and drug information sheets.  	[From plan]			
[Name, Pg/Sec#]	Ensure availability of and distribute preprinted drug information sheets.  	[From plan]			
[Name, Pg/Sec#]	Distribute IND consent forms as needed for mass prophylaxis/vaccine administration.  	[From plan]			
[Name, Pg/Sec#]	Monitor patient throughout per hour.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### Monitor Adverse Events

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Continue to track outcomes and adverse events.	[From plan]			
[Name, Pg/Sec#]	Provide alternate medication as ordered by clinician.	[From plan]			
[Name, Pg/Sec#]	Access information systems that support monitoring of adverse reactions that comply with the PHIN functional requirements for Countermeasure and Response Administration.	[From plan]			
[Name, Pg/Sec#]	Establish a call center to triage individuals to receive appropriate medical care in case of an adverse effect.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Demobilize Mass Prophylaxis Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Debrief POD personnel.	100% of staff debriefed			
[Name, Pg/Sec#]	Reconstitute POD personnel and supplies.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Mass Prophylaxis

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical Supplies Management and Distribution	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans for establishing staging areas for internal and external medical response personnel, equipment, and supplies.	[From plan]			
[Name, Pg/Sec#]	Establish strategies for transporting materials through restricted areas, quarantine lines, law enforcement checkpoints, and so forth that are agreed upon by all affected parties.	[From plan]			
[Name, Pg/Sec#]	Obtain demographic/health-related data to plan for the types of medications, durable medical equipment, or consumable medical supplies that may need to be provided during an event (including supplies needed for populations requiring functional or medical care).	[From plan]			
[Name, Pg/Sec#]	In coordination with the appropriate agencies, develop processes for ensuring the distribution of medical supplies to shelters.	[From plan]			
[Name, Pg/Sec#]	Establish procedures for billing and reimbursement of the medication/equipment/supplies that are dispensed.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide training on various types and models of medical supplies likely to be used in an emergency through government grants and industry-sponsored workshops.	[From plan]			
[Name, Pg/Sec#]	Establish and regularly exercise plans for transporting medical material assets at the Federal, State, local, and private/commercial levels with specific focus on their transfer between various levels or organizations.	Exercise every 12 months			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Direct Medical Supplies Management and Distribution Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide medical supply management and distribution support to incident response operations according to Incident Management Team (IMT) assignments in the incident action plan (IAP).	[From plan]			
[Name, Pg/Sec#]	Request Strategic National Stockpile (SNS) assets from the Centers for Disease Control and Prevention (CDC).	Within 6 hours from indication of need			
[Name, Pg/Sec#]	Coordinate and obtain external resources for sustained operations of medical supplies management and distribution.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Maintain communications with transportation vendors during distribution of medical supplies.  	[From plan]			
[Name, Pg/Sec#]	Coordinate acquisition of private source medical supplies.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with medical surge operations and the American Association of Blood Banks (AABB) Task Force to identify supply levels at the supporting medical facilities for the incident.  	[From plan]			
[Name, Pg/Sec#]	Monitor supply usage and stockpile levels of health facilities, mass prophylaxis sites, and other critical care venues.  	[From plan]			
[Name, Pg/Sec#]	Ensure the timely provision of medical supplies to shelters and mass care and medical facilities.  	[From plan]			
[Name, Pg/Sec#]	Provide personnel for shelters and mass care and medical facilities.  	[From plan]			
[Name, Pg/Sec#]	Monitor stockpiles levels of medical supplies maintained by private sources.  	[From plan]			
[Name, Pg/Sec#]	Process and manage requests for additional medical supply personnel or equipment.  	[From plan]			
[Name, Pg/Sec#]	Provide logistics support for medical supplies management and distribution.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide for financial management and reimbursement of medical supplies.	[From plan]			
[Name, Pg/Sec#]	Coordinate with the CDC for return of unused Federal assets.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Activate Medical Supplies Management and Distribution**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish medical supplies warehouse management structure.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate warehousing operations for receipt of medical assets.  	Within 6 hours from approved request			
[Name, Pg/Sec#]	Identify needed transportation assets for medical supplies.  	[From plan]			
[Name, Pg/Sec#]	Identify Technical Advisory Response Unit (TARU) team resource needs.  	[From plan]			
[Name, Pg/Sec#]	Provide and coordinate the use of emergency power generation services at medical supply warehouse locations.  	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Establish Security**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Execute plan for credentialing medical supplies personnel.	[From plan]			
[Name, Pg/Sec#]	Ensure security meets medical assets at point of entry into State.	[From plan]			
[Name, Pg/Sec#]	Identify locations that require increased security within the warehouse (such as controlled substance storage areas).	[From plan]			
[Name, Pg/Sec#]	Establish security checkpoints in vicinity of medical warehouse and at staging areas.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Repackage and Distribute**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assemble medical supplies warehouse teams (receiving, order management, picking, packaging, quality control, and shipping).	[From plan]			
[Name, Pg/Sec#]	Inventory medical supplies warehouse resource levels.	[From plan]			
[Name, Pg/Sec#]	Provide quality control/quality assurance for requested medical assets prior to shipping.	[From plan]			
[Name, Pg/Sec#]	Track resupply requests for medical supplies.	[From plan]			
[Name, Pg/Sec#]	Distribute medical supplies to points of distribution (PODs), health facilities, and shelters.	Within 12 hours from arrival at warehouse			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Recover Medical Resources**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure recovery of unused (unopened) pharmaceuticals from RSS site and unused pharmaceuticals and durable items from mass prophylaxis sites.	[From plan]			
[Name, Pg/Sec#]	Distribute unused but open medical resources within the local health system according to local policies and plans.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Supplies Management and Distribution  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_


**Demobilize Medical Supplies Management and Distribution**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Execute plan to reduce medical supplies warehouse operations as distribution needs ease.	Recover 100%			
[Name, Pg/Sec#]	Dispose of waste materials generated by medical supplies warehousing operations.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

**Operations-Based Exercise Evaluation Guide (EEG) Analysis Form**

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Medical Surge	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish a healthcare system to receive and appropriately treat incident-specific casualties or illnesses. This system should be composed of multiple resources from State, sub-State, and community resources.	[From plan]			
[Name, Pg/Sec#]	Coordinate with weapons of mass destruction (WMD)/hazardous materials (HazMat) to develop plans for managing/decontaminating self-presenting contaminated victims offsite.	[From plan]			
[Name, Pg/Sec#]	Identify local, State, sub-State, and interstate mental health and substance abuse professionals or paraprofessionals by survey.	[From plan]			
[Name, Pg/Sec#]	Integrate local, State, and regional mental health and substance abuse professionals or paraprofessionals in response planning, exercises, and drills.	[From plan]			
[Name, Pg/Sec#]	Ensure emergency system patient transport and tracking systems are interoperable with national and U.S. Department of Defense (DoD) systems.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure that comprehensive stress management strategies and programs are in place and available to all emergency responders, support personnel, and healthcare professionals.	[From plan]			
[Name, Pg/Sec#]	Develop medical mutual aid agreements for medical facilities and equipment.	[From plan]			
[Name, Pg/Sec#]	Develop surge capacity plans for acute care hospitals.	[From plan]			
[Name, Pg/Sec#]	Coordinate with community healthcare systems when developing surge capacity plans for acute care hospitals.	[From plan]			
[Name, Pg/Sec#]	Ensure facility-based evacuation plans include identification of receiving facilities and transportation assets. Transportation assets should be coordinated and planned out with response partners.	[From plan]			
[Name, Pg/Sec#]	Develop healthcare system evacuation plans to include receiving facilities and transportation assets that are coordinated on a regional basis.	[From plan]			
[Name, Pg/Sec#]	Identify adequate evacuation transportation assets and receiving facilities with adequate assets.	[From plan]			
[Name, Pg/Sec#]	Develop plans to mitigate identified hazards to medical treatment facilities.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop electronic medical records for recording treatment provided and patient self-reporting.	[From plan]			
[Name, Pg/Sec#]	Develop plans to identify staff, equipment, and resources to operate alternate care facilities.	[From plan]			
[Name, Pg/Sec#]	Develop plan to restrict access and secure healthcare and surge facilities.	[From plan]			
[Name, Pg/Sec#]	Develop a local/State regional pharmaceuticals management system that captures current inventory of the Metropolitan Medical Response System, Health Resources and Services Administration hospitals, and CHEMPACK caches; ensures a sufficient supply of pharmaceuticals to provide prophylaxis for 3 days to first responders and their families, other key incident response/management personnel, and the general public as determined by local authorities; and tracks the dispensing of pharmaceuticals during the incident.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Develop and Maintain Training and Exercise Programs

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Train designated hospital personnel in the National Incident Management System (NIMS), National Response Framework (NRF), Incident Command System, and Hospital Incident Command System (HICS).	[From plan]			
[Name, Pg/Sec#]	Exercise healthcare system in compliance with appropriate national, State, and local guidance.	[From plan]			
[Name, Pg/Sec#]	Develop and/or implement training, preparedness, and exercise programs based on local risk vulnerability assessment and lessons learned.	[From plan]			
[Name, Pg/Sec#]	Train designated hospital personnel in recognition and treatment of chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) hazards.	[From plan]			
[Name, Pg/Sec#]	Exercise medical surge plans.	[From plan]			
[Name, Pg/Sec#]	Develop and conduct competency-based education and training programs for adult and pediatric pre-hospital, hospital, and outpatient healthcare personnel.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop program to train medical and nonmedical personnel.	[From plan]			
[Name, Pg/Sec#]	Develop program to train health professions students.	[From plan]			
[Name, Pg/Sec#]	Evaluate emergency management plans through training and multiple methods including drills and exercises at tribal, local, State, and national levels.	[From plan]			
[Name, Pg/Sec#]	Exercise all plans on an annual basis to demonstrate proficiency in responding to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.	[From plan]			
[Name, Pg/Sec#]	Develop just-in-time training programs healthcare workers for unfamiliar critical job functions and personal protective equipment (PPE) for specific threats.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Direct Medical Surge Tactical Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement incident response communications within the healthcare system. _____ _____	[From plan]			
[Name, Pg/Sec#]	Execute medical mutual aid agreements. _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide coordination and support for medical care through Incident Command/Emergency Operations Center (EOC) in accordance with NIMS. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate public health and medical services for those individuals who have been isolated or quarantined. _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide consistent, accurate, and relevant public health and medical information to clinicians, other responders, and the public in a timely manner. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with emergency public information to disseminate public health and safety information to the public to improve provision of home healthcare. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement emergency credentialing and privileging procedures.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Activate Medical Surge**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate healthcare system Incident Command.	[From plan]			
[Name, Pg/Sec#]	Consider the implementation of altered standards of care.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate medical surge plans, procedures, and protocols to ensure medical treatment for populations requiring specialized assistance.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Implement Surge Patient Transfer Procedures**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate alternative care sites and overflow emergency medical care facilities to manage hospital surge capacity.	[From plan]			
[Name, Pg/Sec#]	Provide knowledge or visibility of available destination medical care facilities/services and tracking for mass movement of patients, ensuring patients are matched with transportation and destinations that provide appropriate levels of medical care.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Implement Surge Staffing Procedures**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate healthcare workers' and volunteers' call systems.	[From plan]			
[Name, Pg/Sec#]	Support medical surge capability by using volunteer resources.	[From plan]			
[Name, Pg/Sec#]	Mobilize incident-specific medical treatment personnel for pediatrics and adults.	[From plan]			
[Name, Pg/Sec#]	Mobilize nonmedical support personnel.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assess initial and ongoing need for medical specialists, and augment as needed.	[From plan]			
[Name, Pg/Sec#]	Provide just-in-time training for staff performing nonstandard duties.	[From plan]			
[Name, Pg/Sec#]	Coordinate staff transportation and staging through the State and local EOCs.	[From plan]			
[Name, Pg/Sec#]	Coordinate response staffing with Medical Reserve Corps, Metropolitan Medical Response System, Federal and interstate resources, and nongovernmental organizations and faith-based groups.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Receive and Treat Surge Casualties

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide treatment appropriate to nature of incident and number of injured/ill.	[From plan]			
[Name, Pg/Sec#]	Ensure adequacy of medical equipment and supplies in support of immediate medical response operations and for restocking supplies/equipment requested.	[From plan]			
[Name, Pg/Sec#]	Coordinate and integrate with local, State, and Federal Emergency Support Function 8 (ESF-8).	[From plan]			
[Name, Pg/Sec#]	Implement comprehensive stress management strategies and programs for all emergency responders and workers.	[From plan]			
[Name, Pg/Sec#]	Provide short-term mental health and substance abuse behavioral health services to the community.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Demobilize Medical Surge**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Transition from surge to normal operations.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Implement plan for reconstitution of healthcare system capabilities.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Conduct after action reviews, and prepare report.	[From plan]			
	_____				
	_____				

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Medical Surge

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: _____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Onsite Incident Management	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop National Incident Management System (NIMS)-compliant plans and standard operating procedures (SOPs) for emergency response operations within the jurisdiction.	[From plan]			
[Name, Pg/Sec#]	Develop jurisdiction emergency management plans and SOPs that are compatible and integrate support for Unified Command during operations.	[From plan]			
[Name, Pg/Sec#]	Preidentify resources available to supplement command and control capabilities.	[From plan]			
[Name, Pg/Sec#]	Develop processes to order, track, and assign incident resources.	[From plan]			
[Name, Pg/Sec#]	Develop systems for tracking onsite incident resources and personnel.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Train personnel in accordance with NIMS typing.	[From plan]			
[Name, Pg/Sec#]	Exercise personnel in accordance with NIMS typing.	[From plan]			
[Name, Pg/Sec#]	Arrange for command and elected officials to attend NIMS and other applicable training.	[From plan]			
[Name, Pg/Sec#]	Develop a records management system to identify appropriate personnel who lack Incident Command System (ICS) training, and provide automated notification of training opportunities.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Direct Onsite Incident Management**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish and maintain communications with the Emergency Operations Center (EOC), dispatch center, and responding units. _____ _____	[From plan]			
[Name, Pg/Sec#]	Direct and coordinate with arriving local, tribal, State, regional, and Federal first responders. _____ _____	[From plan]			
[Name, Pg/Sec#]	Monitor/measure performance of assigned resources, and request additional resources as needed. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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### Implement Onsite Incident Management

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct initial assessment (sizeup) (first arriving units).	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Determine initial incident site perimeter (first arriving unit).	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Initiate and implement the ICS.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Transfer command between oncoming and outgoing Incident Commander as appropriate.	[From plan]			
	_____				
	_____				



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Request additional resources as necessary for operations and onsite incident management.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Establish Full Onsite Incident Command

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish Incident Command.	[From plan]			
[Name, Pg/Sec#]	Establish the command structure to manage the incident and meet objectives.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish branches, groups, and divisions needed to manage the incident and meet incident objectives, strategies, and tactics.	[From plan]			
[Name, Pg/Sec#]	Establish an Incident Command Post (ICP), incident bases, camps, staging areas, helispot or wheelbase, and other facilities as required.	[From plan]			
[Name, Pg/Sec#]	Establish communications with EOC/Multiagency Coordination Center (MACC).	[From plan]			
[Name, Pg/Sec#]	Maintain communications with EOC/MACC.	[From plan]			
[Name, Pg/Sec#]	Coordinate operations with specialized emergency response teams (e.g., Special Weapons and Tactics [SWAT]/tactical, bomb squad/explosives, hazardous materials [HazMat], land-based search and rescue).	[From plan]			
[Name, Pg/Sec#]	Transition from Incident Command to Unified Command for incidents involving multiple jurisdictions, a single jurisdiction with multiagency involvement, or multiple jurisdictions with multiagency involvement.	[From plan]			
[Name, Pg/Sec#]	Implement processes to order, track, and assign incident resources.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Conduct Resource Management**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement processes to order, track, assign, and release incident resources.	[From plan]			
[Name, Pg/Sec#]	Monitor/measure performance of assigned resources, and request additional resources as needed.	[From plan]			
[Name, Pg/Sec#]	Request mutual aid through the EOC and Multiagency Coordination (MAC) Group ordering process.	[From plan]			
[Name, Pg/Sec#]	Direct and coordinate with arriving local, tribal, State, regional, and Federal first responders.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Develop Incident Action Plan (IAP)**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish incident objectives, priorities, and operational periods.	[From plan]			
[Name, Pg/Sec#]	Develop the incident action plan (IAP) to establish priorities, procedures, and actions to be accomplished to meet the incident objectives.	[From plan]			
[Name, Pg/Sec#]	Obtain Incident Command/Unified Command approval of IAP.	[From plan]			
[Name, Pg/Sec#]	Establish operational period, not to exceed 24 hours.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Execute Plan**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Disseminate IAP to other response organizations through operational briefing.	[From plan]			
[Name, Pg/Sec#]	Direct efforts to meet incident objectives in accordance with current IAP.	[From plan]			
[Name, Pg/Sec#]	Review progress toward meeting incident objectives.	[From plan]			
[Name, Pg/Sec#]	Direct efforts to achieve personnel accountability.	[From plan]			
[Name, Pg/Sec#]	Develop mechanisms for controlling incident.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Consider potentially affected areas.	[From plan]			
[Name, Pg/Sec#]	Update IAP based on review of resource requirements.	[From plan]			
[Name, Pg/Sec#]	Evaluate, revise, and prioritize tactics to meet incident developments.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


### Demobilize Onsite Incident Management

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement demobilization plan.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Onsite Incident Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Transition Incident Command to recovery management.	[From plan]			
[Name, Pg/Sec#]	Monitor demobilization/transition process.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

**Operations-Based Exercise Evaluation Guide (EEG) Analysis Form**

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Planning	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Conduct Strategic Planning**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop regional and State/local strategic plans.	Update every 12 months			
[Name, Pg/Sec#]	Identify, develop, and convene local preparedness planning organization(s).	[From plan]			
[Name, Pg/Sec#]	Define and implement the responsibilities for standardized emergency management system planning.	[From plan]			
[Name, Pg/Sec#]	Coordinate and integrate all response and recovery agencies/organizations in the planning process.	[From plan]			
[Name, Pg/Sec#]	Coordinate and integrate NGOs and private-sector entities into the emergency management planning and decisionmaking processes.	[From plan]			
[Name, Pg/Sec#]	Conduct a gap analysis to identify training and exercise needs and to facilitate investment and personnel decisions.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Develop scalable strategic plans, based on normal response plans, to prevent, protect against, respond to, and recover from natural and manmade disasters as well as acts of terrorism.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Establish the National Incident Management System (NIMS).</i>	[From plan]			
[Name, Pg/Sec#]	<i>Establish and maintain a national preparedness assessment and reporting system.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Develop a preparedness planning and review cycle that encompasses planning, training, exercising, evaluation, and incorporation of after action reports (AARs) and lessons learned.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Track implementation of AARs and lessons learned for improvement and corrective actions that enhance exercises and inform subsequent corrective training efforts.</i>	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Develop/Revise Operational Plans**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct a hazard analysis to identify threats, vulnerabilities, and consequences to be addressed by emergency management and/or preparedness plans. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop and maintain comprehensive emergency management plans (CEMPs) or similar emergency management/preparedness plans. _____ _____	Update every 12 months			
[Name, Pg/Sec#]	Develop emergency operations/response plans that describe how personnel, equipment, and other governmental, nongovernmental, and private resources will support and sustain incident management requirements. _____ _____	Update every 12 months			
[Name, Pg/Sec#]	Develop and maintain emergency operations plan (EOP) annexes for hazard-specific response including natural and manmade disasters, acts of terrorism, and other hazards. _____ _____	Update every 12 months			
[Name, Pg/Sec#]	Develop and execute mutual aid assistance agreements and compacts. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop national, State, local, and nongovernmental continuity plans. All-level continuity plans will describe how personnel, equipment, and other governmental, nongovernmental, and private resources will support sustainment and/or reestablishment of essential functions. Plans should identify critical and time-sensitive applications, processes, and functions to be recovered and continued following an emergency or disaster as well as the personnel and procedures necessary to do so, such as business impact analysis, business continuity management, vital records preservation, and alternate operating facilities.	Update every 12 months			
[Name, Pg/Sec#]	Develop regional coordination plans or activities that involve all Federal, State, territorial, local, tribal, NGO, and private stakeholders.	Update every 12 months			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Validate Plans**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure that trained, exercised, and equipped personnel are available to execute all planning requirements as determined by applicable standards of proficiency.	[From plan]			
[Name, Pg/Sec#]	Develop exercises/drills of sufficient intensity to challenge management and operations and to test the knowledge, skills, and abilities of individuals and organizations.	[From plan]			
[Name, Pg/Sec#]	Develop integrated national, regional, State, and local level exercises/drills.	[From plan]			
[Name, Pg/Sec#]	Develop regional, State, and local exercises of sufficient intensity to challenge management and operations and to test knowledge, skills, and abilities of individuals and organizations.	[From plan]			
[Name, Pg/Sec#]	Develop lessons learned reports and procedures based on real-world events and exercises.	Within 30 days of event			
[Name, Pg/Sec#]	Develop, review, evaluate, and update emergency management and/or preparedness plans based on lessons learned and/or AARs to address problems/gaps and needed corrective actions.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Planning

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Laboratory Testing	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify, establish, and maintain working collaboration with all Laboratory Response Network (LRN) sentinel and LRN clinical chemistry laboratories within the jurisdiction.  _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop and maintain an accurate and current database of contact information and capability for all the LRN sentinel and LRN clinical chemistry laboratories.  _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide all LRN sentinel and LRN clinical chemistry laboratories with updated LRN reference laboratory contact information.  _____ _____	100% of information			
[Name, Pg/Sec#]	Establish and maintain collaborative linkages with other State laboratories (e.g., environmental, agriculture, veterinary, and university) as well as the jurisdiction's National Guard Civil Support Team (CST) and other first responders.  _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish and maintain linkages with Federal laboratory networks and member laboratories within the jurisdiction, e.g., the Food Emergency Response Network (FERN), National Animal Health Laboratory Network (NAHLN), and the U.S. Environmental Protection Agency (EPA).	100% of laboratories			
[Name, Pg/Sec#]	Establish and maintain a sentinel laboratory advisory committee or equivalent that meets at least every year and includes representatives from clinical microbiology, clinical chemistry, veterinary, food, and environmental laboratories in your jurisdiction.	[From plan]			
[Name, Pg/Sec#]	Establish and utilize a State and local health alert network that complies with the PHIN functional area Partner Communication and Alerting for electronic connectivity with all LRN sentinel laboratories.	[From plan]			
[Name, Pg/Sec#]	Establish and maintain connectivity with the State Emergency Operations Center (SEOC) and other official components of the State and local emergency response, including the Emergency Management Assistance Compact (EMAC).	[From plan]			
[Name, Pg/Sec#]	Establish and maintain communication linkages with local, State, and Federal (e.g., CDC Directors Emergency Operations Center [DEOC] and LRN) public safety and law enforcement entities (e.g., police, fire, emergency management, Federal Bureau of Investigation [FBI]).	[From plan]			
[Name, Pg/Sec#]	Hire and/or maintain a biosafety officer for each facility.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop a contingency plan for a breach in biosafety.	[From plan]			
[Name, Pg/Sec#]	Provide a ready supply of the reagents required for rapid testing of biological threat agents by LRN reference laboratories.	[From plan]			
[Name, Pg/Sec#]	Maintain a ready supply of the reagents and materials (not supplied by CDC) required for rapid testing of biological and chemical threat agents at the reference level.	[From plan]			
[Name, Pg/Sec#]	Maintain an accurate inventory of reagents and supplies in their respective laboratories.	[From plan]			
[Name, Pg/Sec#]	Develop and validate, in partnership with LRN reference and LRN chemical laboratories, standard laboratory methods to test for chemical and biological threat agents.	[From plan]			
[Name, Pg/Sec#]	Transfer standardized technology and laboratory methods from the CDC to State and local LRN reference and LRN chemical laboratories.	[From plan]			
[Name, Pg/Sec#]	Develop, in collaboration with the CDC (e.g., EPA, U.S. Food and Drug Administration [FDA], U.S. Department of Agriculture [USDA], and U.S. Department of Defense [DoD]), additional standardized and validated methods for testing for chemical and biological agents in nonclinical samples.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

**Operations-Based Exercise Evaluation Guide (EEG) Analysis Form**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Integrate new advanced biological and chemical rapid identification methods, as they are developed and approved by the LRN, into the current laboratory testing algorithm for human, environmental, animal, or food specimens.</i>	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Participate in a CDC-approved proficiency testing program to ensure laboratory competency.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Participate in training provided by other Federal partners for the use of standardized methods to detect and identify chemical and biological agents.</i>	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide information and training on the use of appropriate safety and security equipment and procedures.  	[From plan]			
[Name, Pg/Sec#]	Train all LRN sentinel laboratories in the use of LRN biological agent rule-out protocols, specimen or isolate referral responsibilities, and notification algorithms.  	Every 12 months			
[Name, Pg/Sec#]	Participate in CDC training to use standardized protocols to detect biological agents.  	[From plan]			
[Name, Pg/Sec#]	Participate in CDC training as required for designated levels of chemical preparedness (e.g., LRN Level 1, 2, or 3).  	[From plan]			
[Name, Pg/Sec#]	Coordinate response planning, drills, and exercises for the laboratory with all relevant partners.  	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Direct Laboratory Testing

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate laboratory activities with the LRN within the jurisdiction. _____ _____	[From plan]			
[Name, Pg/Sec#]	Function as the gatekeeper for the LRN within the jurisdiction. _____ _____	[From plan]			
[Name, Pg/Sec#]	Operate laboratory within the LRN. _____ _____	[From plan]			
[Name, Pg/Sec#]	Function as LRN sentinel laboratories. _____ _____	[From plan]			
[Name, Pg/Sec#]	Function as LRN chemical laboratories. _____ _____	[From plan]			
[Name, Pg/Sec#]	Work in close partnership with public health epidemiology and environmental health as well as poison control to provide timely data to ensure implementation of effective prevention, detection, and control measures, including treatment. _____ _____	Notify within 2 hours of assessment			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Activate Evacuation and/or In-Place Protection**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish and maintain a jurisdiction-wide transport system to ensure timely receipt of samples or specimens for laboratory testing.	[From plan]			
[Name, Pg/Sec#]	Perform triage screening on environmental samples per U.S. Department of Homeland Security (DHS) and EPA protocols.	[From plan]			
[Name, Pg/Sec#]	Communicate requirements for all-hazard specimen or sample collection, packaging, and shipping to submitters (e.g., FBI, CST, first responders, hazardous materials teams, LRN sentinel and clinical chemistry laboratories).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide consultation to all submitters regarding appropriate collection and shipment of specimens or samples for testing.	[From plan]			
[Name, Pg/Sec#]	Provide surge capacity for the CDC to measure metabolites (e.g., of nerve agents, in clinical specimens).	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Provide Surveillance Support**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Acquire timely isolates of selected enteric and invasive biological agents from all LRN sentinel laboratories.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Analyze quickly the isolates submitted by LRN sentinel laboratories using advanced technologies to rapidly identify and subtype isolates.	Within 1 day for isolate pattern; within 3 days for PulseNet name			
[Name, Pg/Sec#]	Provide reference analysis and identification of unusual or emerging biological agents present in communities.	[From plan]			
[Name, Pg/Sec#]	Perform analyses for BioWatch 24/7/365.	[From plan]			
[Name, Pg/Sec#]	Enhance, in coordination with public health epidemiology partners, the capacity to apply standardized molecular methods (e.g., DNA sequencing) in real time to support surveillance and outbreak investigations as appropriate.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_


**Detection Testing and Analysis**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Evaluate clinical specimens from patients exposed to chemical or radiochemical agents, e.g., tests for blood gases, complete blood count (CBC) analysis, and enzyme levels (link with Health Resources and Services Administration).	[From plan]			
[Name, Pg/Sec#]	Test initial 20 to 40 clinical specimens to assess human exposure by measuring metabolites of chemical agents (e.g., of nerve agents).	Within 36 hours from receipt of specimens			
[Name, Pg/Sec#]	Test environmental samples for toxic industrial chemicals and materials.	[From plan]			
[Name, Pg/Sec#]	Identify all emerging infectious agents or possible bioterrorism agents using available LRN protocols.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
-

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

**Confirm Testing**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Confirm results using CDC clinical chemical detection methods.	48 hours from presumptive notification			
[Name, Pg/Sec#]	Use standardized LRN protocols to detect emerging infectious agents or possible bioterrorism agents in clinical specimens, food, or environmental samples.	[From plan]			
[Name, Pg/Sec#]	Verify reactive BioWatch samples.	[From plan]			
[Name, Pg/Sec#]	Verify reactive samples from the Biohazard Detection Systems (BDS) located in facilities of the U.S. Postal Service (USPS).	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Support Public Health Epidemiological Investigations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Work in close partnership with public health epidemiology and environmental health as well as poison control to provide timely data to ensure implementation of effective prevention, detection, and control measures, including treatment.	[From plan]			
[Name, Pg/Sec#]	Collaborate with law enforcement and perform testing of evidentiary samples (link to law enforcement).	[From plan]			
[Name, Pg/Sec#]	Test additional clinical specimens by the CDC or another qualified select LRN reference laboratory for retrospective assessment of chemical exposure following an event.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate testing of environmental samples for assessment and remediation.	[From plan]			
[Name, Pg/Sec#]	Isolate emerging infectious or biological threat agents tested by the CDC and qualified select LRN reference laboratories using Clinical Laboratory Improvement Act (CLIA) approved methods to determine the agent's susceptibility to antimicrobial drugs used for prevention and control.	[From plan]			
[Name, Pg/Sec#]	Use CLIA approved methods for antimicrobial susceptibility testing.	[From plan]			
[Name, Pg/Sec#]	Determine whether an emerging infections disease agent or biological threat agent consists of single or multiple strains.	[From plan]			

### Activity Analysis

#### Observations (Each bullet will need a completed AAR input form.)

##### Strengths

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##### Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Report Results

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Report surveillance results suggestive of an outbreak immediately to public health epidemiology.	Within 1 hour of confirmation			
[Name, Pg/Sec#]	Report results of CDC chemical or biological testing to submitting LRN reference and chemical laboratories through the secure LRN Web site.	[From plan]			
[Name, Pg/Sec#]	Report confirmed laboratory results to all submitters in a timely manner using PHIN-compliant Laboratory Information Management Systems (LIMS).	[From plan]			
[Name, Pg/Sec#]	Contact the nearest LRN reference laboratory when unable to identify or rule out emerging infectious agents or possible bioterrorism agents.	[From plan]			
[Name, Pg/Sec#]	Notify appropriate public health, public safety, and law enforcement officials immediately (24/7) of presumptive and confirmed laboratory results of a chemical and biological threat agent.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Laboratory Testing

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Public Safety and Security Response	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Plan for Public Safety and Security Response During Large-Scale, All-Hazards Events**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Review, revise, and develop public safety policies, protocols, and procedures to be implemented to effect a command and control structure consistent with the National Incident Management System (NIMS).	[From plan]			
[Name, Pg/Sec#]	Develop plans and procedures to ensure interoperable communications during a public safety and security response.	[From plan]			
[Name, Pg/Sec#]	Enter into interagency agreements and memoranda of understanding with appropriate surrounding agencies and jurisdictions, with the legal authority of the jurisdiction, to ensure adequate response and access to supplemental personnel.	[From plan]			
[Name, Pg/Sec#]	Identify required resources and enter into contracts, as appropriate, to access and provide required resources during a crisis response to shelter, feed, and maintain a significant cadre of public safety and other related first responders.	[From plan]			
[Name, Pg/Sec#]	Review and improve, as appropriate, standard operating procedures for the notification and mobilization of public safety resources during a crisis response.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Review and improve, as appropriate, standard operating procedures for information sharing with the public, the media, and support agencies.   	[From plan]			
[Name, Pg/Sec#]	Review and improve existing planned evacuation routes and staging areas to determine sufficient public safety resources required to establish and maintain perimeters, safety zones, and public order as well as facilitate evacuations and/or sheltering-in-place activities.   	[From plan]			
[Name, Pg/Sec#]	Review plans for decontamination sites and access to decontamination equipment, including personal protective equipment (PPE) for responders.   	[From plan]			
[Name, Pg/Sec#]	Ensure hospital and medical supply resources, as well as other key infrastructure, have been identified and agreements exist or are drafted regarding maintenance of security at these facilities during a crisis response.   	[From plan]			
[Name, Pg/Sec#]	Review and develop as appropriate—in coordination with legal counsel, such as the city/county attorney's and/or State Attorney General Office—policies regarding public safety enforcement actions required to maintain the public order during a crisis response, including teams of enforcement officers for handling persons disrupting the public order, violating laws, requiring quarantine, and so forth.   	[From plan]			
[Name, Pg/Sec#]	Develop and document, in conjunction with correctional and jail officials, coordination strategies for managing and possibly relocating incarcerated persons during a crisis response.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
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Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify and enter into agreements to secure the resources needed for the processing and temporary detention of law violators.   	[From plan]			
[Name, Pg/Sec#]	Review existing protocols, and develop protocols as appropriate, for the operation of decontamination sites and out-processing areas.   	[From plan]			
[Name, Pg/Sec#]	Establish a recovery strategy to access reimbursable opportunities, replenish supplies and equipment, reassign personnel, and return to normal operations.   	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Determine Appropriate Training and Exercises Necessary to Address Gaps**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify gaps in personnel training at the awareness and first response operational level, including familiarity with the expectations of and demands on public safety responders as set forth in agency plans, protocols, and procedures for a crisis response.	[From plan]			
[Name, Pg/Sec#]	Identify existing training resources and opportunities available at the Federal, State, and local levels.	[From plan]			
[Name, Pg/Sec#]	Develop a training strategy for all personnel.	[From plan]			
[Name, Pg/Sec#]	Develop a strategy, in coordination with area jurisdictions, to participate in and/or conduct exercises that incorporate all existing response requirements, identify gaps, develop improvement plans, and implement preparedness enhancements.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>



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[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Command and Control Public Safety and Security Response Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify personnel needed to maintain security support and response. _____ _____	[From plan]			
[Name, Pg/Sec#]	Establish staging areas for law enforcement to conduct deputization, personnel assignment, and briefing before entering the affected area. _____ _____	[From plan]			
[Name, Pg/Sec#]	Communicate with other response agencies regarding public safety response. _____ _____	[From plan]			
[Name, Pg/Sec#]	Deploy appropriate personnel for public safety and security. _____ _____	[From plan]			
[Name, Pg/Sec#]	Deploy appropriate relief personnel for public safety and security. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate public safety and security operations with Incident Command/Unified Command. _____ _____	[From plan]			
[Name, Pg/Sec#]	Arrange for shelter, housing, and feeding for law enforcement responders. _____ _____	[From plan]			

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[EXERCISE NAME]

[EXERCISE DATE]

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Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Arrange for proper sheltering, care, and feeding of detainees.	[From plan]			
[Name, Pg/Sec#]	Utilize available technologies to maintain accountability of personnel, track hot zone locations, and track resources.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**Activate Public Safety and Security Response**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct a public safety and security response.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish or integrate into Incident Command/Unified Command.	[From plan]			
[Name, Pg/Sec#]	Coordinate and receive instructions from tactical operations.	[From plan]			
[Name, Pg/Sec#]	Ensure that responders have the appropriate equipment to perform assigned tasks.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Assess the Incident Scene and Secure the Area**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Secure the incident site.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Determine the appropriate emergency medical personnel to respond onsite for injuries and fatalities.	[From plan]			
[Name, Pg/Sec#]	Identify and establish innermost incident/crime scene perimeters.	[From plan]			
[Name, Pg/Sec#]	Document observations regarding the affected area.	[From plan]			
[Name, Pg/Sec#]	Report findings to Incident Command/Unified Command upon deployment of specialized law enforcement teams.	[From plan]			
[Name, Pg/Sec#]	Develop and maintain a rapid intervention group to respond to unexpected occurrences.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: \_\_\_\_\_

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**Control Traffic, Crowd, and Scene**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify and establish an incident perimeter and zones. _____ _____	[From plan]			
[Name, Pg/Sec#]	Identify security zone requirements. _____ _____	[From plan]			
[Name, Pg/Sec#]	Establish force protection capacity integrated within the Incident Command System (ICS). _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide force protection for emergency response personnel to allow them to operate safely. _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide and plan for access to the site for skilled support personnel. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement and maintain an onscene personnel identity management system. _____ _____	[From plan]			
[Name, Pg/Sec#]	Secure animals during an animal health emergency. _____ _____	[From plan]			

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[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
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Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify and secure critical sites, including hospitals, shelters, points of distribution (PODs), etc.	[From plan]			
[Name, Pg/Sec#]	Plan and provide protection and security for unoccupied/evacuated properties within and around the incident site.	[From plan]			
[Name, Pg/Sec#]	Control traffic and crowds.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li></li> <li></li> <li></li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>Root Cause</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>Root Cause</li> </ul> </li> <li> <ul style="list-style-type: none"> <li>Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Maintain Public Order**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assess situation for public order related concerns.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement plans for emergency proclamations, martial law, curfew declarations, and other legal issues.	[From plan]			
[Name, Pg/Sec#]	Conduct an initial reconnaissance of the area.	[From plan]			
[Name, Pg/Sec#]	Coordinate with appropriate unit, and develop a plan of action.	[From plan]			
[Name, Pg/Sec#]	Conduct tactical deployment.	[From plan]			
[Name, Pg/Sec#]	Use tactical operations teams to conduct searches of high-priority unsecured sites to establish security and detain lawbreakers as necessary.	[From plan]			
[Name, Pg/Sec#]	Maintain security operations.	[From plan]			
[Name, Pg/Sec#]	Request assets required to provide security.	[From plan]			
[Name, Pg/Sec#]	Provide security for public officials and investigation teams.	[From plan]			
[Name, Pg/Sec#]	Institute and conduct security operations controlling personnel who are allowed to enter damaged and condemned buildings and the contents that they are allowed to remove.	[From plan]			

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[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Conduct Law Enforcement Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with investigators to interview witnesses/bystanders in order to identify suspects.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Use tactical operations teams to conduct searches of high-priority unsecured sites to establish security and detain lawbreakers as necessary.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Make arrests as necessary.	[From plan]			
	_____				
	_____				



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Manage Criminal Justice Population**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish mobile arrest and processing sites for arrestees.	[From plan]			
[Name, Pg/Sec#]	Provide space in mobile arrest and processing site/area for fingerprinting and photos, desk space, interview area, property storage, secure storage for valuables and/or evidence, isolation area for violent detainees, and secure area for vehicles.	[From plan]			
[Name, Pg/Sec#]	Process persons arrested (photos, fingerprinting), and document arrests.	[From plan]			
[Name, Pg/Sec#]	Set up improvised holding cells to manage detainees.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Detain persons arrested (in improvised holding cells).</i>	[From plan]			
[Name, Pg/Sec#]	<i>Provide detainee supervision 24/7 for the length of the incident.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Ensure holding facilities have provisions for food, access to drinking water and toilet facilities, and trash removal.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Establish system for documenting, securing, storing, transporting, and releasing detainee property.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Establish system to track detainee movement, including incoming, transfers, and releases.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Distribute notification of the destination holding facility.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Provide space for prosecutors/public defenders to meet with operations staff and/or detainees.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Transport detainees to secure lockup facility.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Ensure that established procedures for transfer of detainees during major emergencies are followed.</i>	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Designate alternate facilities to ensure continued operations by tribal, local, State, and Federal prosecutors/public defenders.   	[From plan]			
[Name, Pg/Sec#]	Set up improvised court facilities to ensure tribal, local, State, and Federal court services continue.   	[From plan]			
[Name, Pg/Sec#]	Implement protocols for contacting appropriate parole/probation agencies of any changes in residency status.   	[From plan]			
[Name, Pg/Sec#]	Establish protocols for alternate housing facilities for local, State, and Federally incarcerated prisoners.   	[From plan]			
[Name, Pg/Sec#]	Establish equipment lists and mobile booking kits, and store at strategic locations.   	[From plan]			
[Name, Pg/Sec#]	Inventory mobile booking kits on a regular basis to ensure that equipment and materials have not been removed or damaged and remain in working order.   	[From plan]			
[Name, Pg/Sec#]	Ensure the capacity to run records checks for warrants, holds on detainees, and terrorist lists.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Demobilize Public Safety and Security Response Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Clear the incident scene upon completion of assigned temporary duties or as directed by superiors.	[From plan]			
[Name, Pg/Sec#]	Return local forces to regular service.	[From plan]			
[Name, Pg/Sec#]	Recall temporary assistance resources to staging areas for out-processing.	[From plan]			
[Name, Pg/Sec#]	Conduct decontamination of all out-processing personnel and equipment.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify public safety and security assets required for decontamination activities.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with hazardous material (HazMat) personnel to establish decontamination sites.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with HazMat personnel to decontaminate affected public safety facilities and equipment.  	[From plan]			
[Name, Pg/Sec#]	Debrief all out-processing personnel.  	[From plan]			
[Name, Pg/Sec#]	Activate reimbursement process for public safety and security resources.  	[From plan]			
[Name, Pg/Sec#]	Receive and process reimbursement requests.  	[From plan]			
[Name, Pg/Sec#]	Process compensation claims and related administrative activities.  	[From plan]			
[Name, Pg/Sec#]	Rehabilitate and replenish public safety and security resources.  	[From plan]			
[Name, Pg/Sec#]	Reconstitute personnel and equipment.  	[From plan]			
[Name, Pg/Sec#]	Participate in incident debriefing.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Public Safety and Security Response  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify staff needs dependant on their level of involvement and/or hours committed to the incident.	[From plan]			
[Name, Pg/Sec#]	Decontaminate, debrief, and out-process law enforcement personnel before leaving the affected area.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Responder Safety and Health

#### Relevant Exercise Objectives

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Develop and Maintain Plans, Procedures, Programs, and Systems

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and adopt agency/jurisdiction safety and health program(s).	[From plan]			
[Name, Pg/Sec#]	Conduct a detailed analysis of 15 planning scenarios to ensure that all workers are protected in performing the tasks from all hazards.	[From plan]			
[Name, Pg/Sec#]	Establish plans and procedures for identifying sources of additional equipment and expertise if the safety and health program is overwhelmed.	[From plan]			

### Activity Analysis

#### Observations (Each bullet will need a completed After Action Report [AAR] input form.)

##### Strengths

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##### Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Develop and Maintain Training and Exercise Programs

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide all required health and safety training, including preincident training, site/incident-specific training, and exercises to develop and maintain appropriate knowledge and expertise for responders.	100% of responders trained			
[Name, Pg/Sec#]	Conduct health and safety exercises to develop and maintain appropriate knowledge and expertise for responders.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_


### Direct Responder Safety and Health Tactical Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Monitor routine and emergency communications within the Incident Command structure at all times. _____ _____	[From plan]			
[Name, Pg/Sec#]	Maintain routine and emergency communications within the Incident Command structure at all times during the incident. _____ _____	[From plan]			
[Name, Pg/Sec#]	Maintain coordination and communication on safety and health issues between agencies and departments. _____ _____	[From plan]			
[Name, Pg/Sec#]	Contribute to development of the incident action plan (IAP) to establish priorities, procedures, and actions to be accomplished to meet the incident objectives. _____ _____	[From plan]			
[Name, Pg/Sec#]	Develop and review components (e.g., safety analysis, site safety and control plan, medical plan, safety message) of the IAP. _____ _____	[From plan]			
[Name, Pg/Sec#]	Contact and work with subject matter experts (SMEs) from public/private agencies and academia who may be able to assist with safety issues at the incident. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assess availability of resources/assets provided by public, private, and volunteer organizations.	[From plan]			
[Name, Pg/Sec#]	Request additional safety and health resources through mutual aid.	[From plan]			
[Name, Pg/Sec#]	Coordinate and support decontamination activities.	[From plan]			
[Name, Pg/Sec#]	Utilize ordering systems to obtain additional needed resources.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Responder Safety and Health**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Designate a Safety Officer within the Incident Command System (ICS).	Within 1 hour from arrival of responders			
[Name, Pg/Sec#]	Assume responsibility for supervision and management of the Assistant Safety Officer(s) based on severity and complexity of the incident.	[From plan]			
[Name, Pg/Sec#]	Deploy specialized response teams to provide technical assistance to Safety Officer.	Within 3 hours of arrival of responders			
[Name, Pg/Sec#]	Ensure ongoing safety and health assessments of response operations.	[From plan]			

<b>Activity Analysis</b>
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Identify Safety/Personal Protective Equipment (PPE) Needs, and Distribute PPE**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Observe the scene, and review/evaluate hazard and response information as it pertains to the safety of all persons at the location.	100% of hazards characterized			
[Name, Pg/Sec#]	Identify responder safety and health resources required.	[From plan]			
[Name, Pg/Sec#]	Provide command structure with observation-based recommendations for the safety of onsite personnel.	[From plan]			
[Name, Pg/Sec#]	Perform an incident safety analysis.	Within 1 hour from arrival of responders			
[Name, Pg/Sec#]	Identify and prioritize the operations, hazards, and exposures of greatest risk to site personnel, and coordinate with the Incident Commander to develop specific actions to address them and protect site personnel.	[From plan]			
[Name, Pg/Sec#]	Assist the Incident Commander in developing an incident safety and control plan to respond within the capabilities of available response personnel, taking into account available resources such as PPE, monitoring equipment, and control equipment.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

### Site/Incident-Specific Safety and Health Training

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure the availability of incident/site-specific training.	[From plan]			
[Name, Pg/Sec#]	Implement site-specific incident health and safety plan, including after-action care as needed for onscene personnel.	[From plan]			
[Name, Pg/Sec#]	Ensure the provision of appropriate safety and health equipment.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Ongoing Monitoring of Responder Safety and Health

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure the availability of incident/site-specific training.	100% of responders trained			
[Name, Pg/Sec#]	Implement site-specific incident health and safety plan, including after-action care as needed for onscene personnel.	[From plan]			
[Name, Pg/Sec#]	Ensure the provision of appropriate safety and health equipment.	[From plan]			
[Name, Pg/Sec#]	Assist the Incident Commander and ICS staff in implementing exposure monitoring and enforcing safety considerations.	[From plan]			
[Name, Pg/Sec#]	Identify and implement all corrective actions necessary to ensure the safety and health of all site personnel.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with Incident Command/Emergency Operations Center (EOC) to ensure that a medical unit is established onsite.	[From plan]			
[Name, Pg/Sec#]	Make recommendation to alter, suspend, or terminate any activity judged to be an imminent danger or immediately dangerous to life and health.	[From plan]			
[Name, Pg/Sec#]	Monitor hazardous site operations, and ensure that personnel perform their tasks in a safe manner and follow the safety-related requirements identified in the IAP.	[From plan]			
[Name, Pg/Sec#]	Ensure recording and reporting of all injuries and illnesses.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Demobilize Responder Safety and Health

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct postincident analysis of responder health and safety. _____ _____	[From plan]			
[Name, Pg/Sec#]	Monitor psychological and medical status of exposed persons. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with long-term healthcare to provide comprehensive stress management strategies, programs, worker crisis counseling, substance abuse services, and mental and behavioral health support. _____ _____	[From plan]			
[Name, Pg/Sec#]	Provide critical incident stress management (CISM) strategies, programs, and teams. _____ _____	[From plan]			
[Name, Pg/Sec#]	Debrief hazardous materials (HazMat) branch/group and all other exposed personnel on site-specific occupational safety and health issues involving weapons of mass destruction (WMD)/HazMat releases. _____ _____	[From plan]			
[Name, Pg/Sec#]	Participate in the incident critique process, and identify critical safety and health-related observations of incident activities. _____ _____	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Responder Safety and Health

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Restoration of Lifelines**

*Relevant Exercise Objectives*

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**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure lifeline restoration personnel can access and remain in the affected areas to complete restoration activities.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with State and local emergency management officials to determine what credentials lifeline restoration personnel will need to produce to enter potentially restricted areas and fulfill their responsibilities.   	[From plan]			
[Name, Pg/Sec#]	Create a mechanism to provide incident-specific lifeline restoration contract personnel with the necessary credentials to ensure unnecessary access issues will not impede them from completing their responsibilities.   	[From plan]			
[Name, Pg/Sec#]	Identify a sector/company-specific point of contact (POC) for police or emergency management officials to contact to verify the credentials of lifeline restoration personnel.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Create a plan to ensure that the sector/company-specific POC for credentialing issues has up-to-date data on all personnel (contract and regularly employed) involved in lifeline restoration activities.	[From plan]			
[Name, Pg/Sec#]	Discuss measures that can be taken to ensure the safety of lifeline restoration personnel and equipment working in affected areas with State and local emergency management officials.	[From plan]			
[Name, Pg/Sec#]	Identify the procedure for requesting safety measures (such as police escorts) for lifeline restoration personnel.	[From plan]			
[Name, Pg/Sec#]	Develop mechanisms to communicate and coordinate restoration of lifelines information and activities.	[From plan]			
[Name, Pg/Sec#]	Identify a lifeline Emergency Operations Center (EOC)/Joint Field Office (JFO) liaison or liaison mechanism to ensure that lifeline restoration information and current situational updates can be shared by all parties.	[From plan]			
[Name, Pg/Sec#]	Coordinate with local/State/Federal emergency management officials to ensure that lifeline companies have an official contact person in each EOC/JFO to ensure situational awareness and coordination.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Create a mechanism to share restoration information among all the different lifeline companies/sectors, i.e., create local/State/regional utility workgroups/associations to coordinate emergency restoration operations across sectors and share best practices.	[From plan]			
[Name, Pg/Sec#]	Identify interdependencies among all the lifelines.	[From plan]			
[Name, Pg/Sec#]	Create reporting guidelines to ensure that all company/sector department heads report important event-specific information to the company/sector EOC/JFO liaison.	[From plan]			
[Name, Pg/Sec#]	Disseminate reporting guidelines—along with contact information for the company/sector EOC/JFO liaison—to all appropriate (lifeline and government) personnel.	[From plan]			
[Name, Pg/Sec#]	Coordinate with State and local emergency management officials to determine which radio frequencies lifeline restoration personnel can use to support restoration activities.	[From plan]			
[Name, Pg/Sec#]	Develop plans/mechanisms to assist in allocation of constrained resources.	[From plan]			
[Name, Pg/Sec#]	Consider prestaging equipment, and identify barriers or gaps in developing this capability.	[From plan]			
[Name, Pg/Sec#]	Develop contingent contracts.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop mutual aid networks within each lifeline.  	[From plan]			
[Name, Pg/Sec#]	Develop mutual aid networks between lifelines and government.  	[From plan]			
[Name, Pg/Sec#]	Develop a plan to deal with the distribution of fuel after an event including lifeline restoration activities. Consider the prioritization of primary infrastructure so there is less of a reliance on backup or secondary measures.  	[From plan]			
[Name, Pg/Sec#]	Develop a plan to deal with the distribution of other critical components that facilitate the restoration of primary infrastructure and processes.  	[From plan]			
[Name, Pg/Sec#]	Consider the essential needs of the lifeline restoration personnel when developing housing strategies.  	[From plan]			
[Name, Pg/Sec#]	Consider impacts on areas outside the area physically impacted.  	[From plan]			
[Name, Pg/Sec#]	Pursue opportunities to solidify postevent regulatory relief.  	[From plan]			
[Name, Pg/Sec#]	Investigate antitrust regulations that prohibit some sectors from communicating during a disaster.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Agree on appropriate waivers to facilitate restoration activities.  	[From plan]			
[Name, Pg/Sec#]	Solidify appropriate waivers to facilitate restoration activities.  	[From plan]			
[Name, Pg/Sec#]	Develop cross-jurisdictional agreements to standardize regulatory requirements and postdisaster waivers.  	[From plan]			
[Name, Pg/Sec#]	Develop inter-State postdisaster reciprocity for certifications, qualifications, licenses, etc.  	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with other lifelines companies/sectors to create cross-sector exercises to test restoration plans.  	[From plan]			
[Name, Pg/Sec#]	Ensure participation of lifeline sectors in established exercise programs.  	[From plan]			
[Name, Pg/Sec#]	Share corrective actions and lessons learned with lifeline restoration personnel and government entities.  	[From plan]			
[Name, Pg/Sec#]	Incorporate corrective actions and lessons learned into restoration plans.  	[From plan]			
[Name, Pg/Sec#]	Provide training to government entities regarding the restoration of lifelines process.  	[From plan]			
[Name, Pg/Sec#]	Make best practices easily available.  	[From plan]			
[Name, Pg/Sec#]	Create exercise elements that require the weighting of the benefits of lifeline restoration activities verses the prioritization of constrained resources.  	[From plan]			
[Name, Pg/Sec#]	Develop common definitions for essential services, credentialing, and access.  	[From plan]			
[Name, Pg/Sec#]	Educate lifelines customers on what to expect after an event.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Create a mentoring program that will allow disaster-experienced lifeline restoration personnel (e.g., from States like California and Louisiana) to support lesser experienced personnel.	[From plan]			
[Name, Pg/Sec#]	Provide training regarding the implications to the private sector of "hijacking" contracted resources.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Direct Mechanisms to Facilitate the Restoration of Lifelines

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop a common operating picture (COP) concerning lifeline restoration and government Operations.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify entities affected by the loss of lifeline infrastructure.  	[From plan]			
[Name, Pg/Sec#]	Identify resources required to manage and restore lifeline operations.  	[From plan]			
[Name, Pg/Sec#]	Coordinate the dissemination of status and priority information on lifeline restoration activities.  	[From plan]			
[Name, Pg/Sec#]	Coordinate between lifeline restoration EOC/JFO liaison and government EOC/JFO.  	[From plan]			
[Name, Pg/Sec#]	Disseminate information about the required credentials for lifeline restoration personnel to police and other on-the-ground government personnel.  	[From plan]			
[Name, Pg/Sec#]	Discuss incident-specific safety measures for lifeline restoration personnel.  	[From plan]			
[Name, Pg/Sec#]	Disseminate coordinated radio frequency information to all emergency responders and lifeline restoration personnel in order to prevent communication disruptions.  	[From plan]			
[Name, Pg/Sec#]	Coordinate fuel and critical resource distribution plan for lifeline restoration activities.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate housing strategy for lifeline restoration personnel.	[From plan]			
[Name, Pg/Sec#]	Disseminate established information on regulatory relief for lifeline restoration activities.	[From plan]			
[Name, Pg/Sec#]	Provide and coordinate alternate means for providing critical lifeline services.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activate Restoration of Lifelines

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Notify appropriate lifeline restoration personnel.  	[From plan]			
[Name, Pg/Sec#]	Deploy EOC/JFO liaison for lifeline restoration activities.  	[From plan]			
[Name, Pg/Sec#]	Mobilize appropriate lifeline restoration personnel.  	[From plan]			
[Name, Pg/Sec#]	Mobilize equipment and resources needed for lifeline restoration activities and appropriate for the incident.  	[From plan]			
[Name, Pg/Sec#]	Begin using information-sharing mechanisms to support lifeline restoration activities.  	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Implement Restoration of Lifelines

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Use mutual aid resources to increase the pace of lifeline restoration operations.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Conduct lifeline restoration operations.	[From plan]			
	_____				
	_____				

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Restoration of Lifelines

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Demobilize Restoration of Lifelines Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement a demobilization plan for lifeline restoration.	[From plan]			
[Name, Pg/Sec#]	Restore personnel and equipment used for lifeline restoration to normal operations.	[From plan]			
[Name, Pg/Sec#]	Document restoration activities, as needed.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Risk Management	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop Risk Framework**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Ensure senior leadership communicates in writing the risk framework and intent to use risk analysis to all stakeholders.	[From plan]			
[Name, Pg/Sec#]	Develop actionable risk management strategy with short-, medium-, and long-term objectives.	[From plan]			
[Name, Pg/Sec#]	Develop risk analysis and risk management plans and procedures.	[From plan]			
[Name, Pg/Sec#]	Develop standards and guidelines to guide risk assessment activities.	[From plan]			
[Name, Pg/Sec#]	Develop and implement risk analysis training programs for State, local, and private entities.	[From plan]			
[Name, Pg/Sec#]	Conduct training in modeling and the use of analytical tools.	[From plan]			
[Name, Pg/Sec#]	Conduct risk management training for security, response, and recovery managers.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement programs to assess changes in risk and effectiveness of risk management.	[From plan]			
[Name, Pg/Sec#]	Develop system for collecting and sharing lessons learned regarding risk management.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Assess Risks**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct criticality analysis (also known as screening) to identify potential targets.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct vulnerability assessments to assess vulnerability of potential targets to identified threats.  	[From plan]			
[Name, Pg/Sec#]	Conduct consequence analysis of critical assets.  	[From plan]			
[Name, Pg/Sec#]	Conduct threat assessment of potential targets.  	[From plan]			
[Name, Pg/Sec#]	Conduct or obtain intelligence community threat/hazard analysis through State or local Interagency Working Groups (Joint Terrorism Task Force) to identify threats to potential targets.  	[From plan]			
[Name, Pg/Sec#]	Obtain intelligence reporting and the receipt of threat data through the U.S. Department of Homeland Security (DHS) Homeland Infrastructure Threat and Risk Analysis Center (HITRAC).  	[From plan]			
[Name, Pg/Sec#]	Calculate risk to potential targets based on threat, vulnerability, and consequence.  	[From plan]			
[Name, Pg/Sec#]	Establish relative order of priorities for risk mitigation among risk portfolio.  	[From plan]			
[Name, Pg/Sec#]	Conduct response and recovery capabilities analysis to determine capability to respond to and recover from the occurrence of identified risks.  	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
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**Prioritize Risks**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify potential protection, prevention, and mitigation strategies for high-risk targets.	[From plan]			
[Name, Pg/Sec#]	Prioritize identified strategies by risk reduction expected outcomes appreciating the various threats, vulnerabilities, and consequences that affect that community, system, or asset.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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### Develop Business Case

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop or select methodology for cost-benefit/cost-effectiveness analysis of risk-reduction solutions.	[From plan]			
[Name, Pg/Sec#]	Select risk-reduction solutions for implementation based on risk-reduction strategies.	[From plan]			
[Name, Pg/Sec#]	Allocate resources to support risk-reduction solutions.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Manage Risk**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Manage the progress of solution implementation.	[From plan]			
[Name, Pg/Sec#]	Undertake corrective actions.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**Conduct Risk Communication**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Share the assessment of sector-specific infrastructure risk with interdependent entities within appropriate sectors.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Risk Management

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Structural Damage Assessment	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop standards and procedures to identify qualified contractors offering recovery/restoration services.	[From plan]			
[Name, Pg/Sec#]	Develop damage assessment procedures.	[From plan]			
[Name, Pg/Sec#]	Develop mitigation plans and procedures.	[From plan]			
[Name, Pg/Sec#]	Identify mitigation measures and emergency restoration procedures.	[From plan]			
[Name, Pg/Sec#]	Develop qualification and certification standards for paid and volunteer staff.	[From plan]			
[Name, Pg/Sec#]	Maintain situation and damage assessment plans.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed After Action Report [AAR] input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

### Develop and Maintain Training and Exercise Programs

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct training on damage assessment procedures.	[From plan]			
[Name, Pg/Sec#]	Conduct training on mitigation plans and procedures.	[From plan]			
[Name, Pg/Sec#]	Exercise damage assessment procedures.	[From plan]			
[Name, Pg/Sec#]	Exercise mitigation plans and procedures.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>
<b>Additional Observations:</b> _____ _____ _____ _____ _____ _____

**Activate Structural Damage Assessment**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Conduct emergency dispatch and notification for structural damage and mitigation assessment personnel.</i> _____ _____	<i>Personnel mobilized within 24 hours from notification</i>			
[Name, Pg/Sec#]	<i>Dispatch secondary response agencies.</i> _____ _____	<i>[From plan]</i>			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<b>Strengths</b> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<b>Areas for Improvement</b> <ul style="list-style-type: none"> <li>•      – Root Cause</li> <li>•      – Root Cause</li> <li>•      – Root Cause</li> </ul>



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: _____

**Direct Structural Damage Assessment Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate resources to conduct building inspections and damage assessment. _____ _____	[From plan]			
[Name, Pg/Sec#]	Support incident response operations according to Incident Management Team (IMT) assignments on the inputs to the incident action plan (IAP). _____ _____	[From plan]			
[Name, Pg/Sec#]	Recommend prioritization schedule of critical infrastructure services, facilities, and assets restoration based on structural damage and mitigation assessments. _____ _____	Within 24 hours from assessment completion			
[Name, Pg/Sec#]	Develop standards and procedures to identify qualified contractors offering recovery/restoration services. _____ _____	[From plan]			
[Name, Pg/Sec#]	Report and document the incident by completing and submitting required forms, reports, documentation, and followup notation. _____ _____	[From plan]			
[Name, Pg/Sec#]	Integrate appropriate private-sector entities into incident response activities. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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### Conduct Inspections and Assessments

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assist in identification of incident response coordination centers for rebuilding property.	[From plan]			
[Name, Pg/Sec#]	Conduct debris assessment.	Within 24 hours from the incident			
[Name, Pg/Sec#]	Assess the requirement for decontamination or safe demolition, removal, and disposition of contaminated debris.	Within 24 hours from the incident			
[Name, Pg/Sec#]	Conduct building inspections and damage assessments of public and private structures.	Within 48 hours from the incident			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assess the need for emergency flood protection and/or emergency erosion control.	Within 48 hours from the incident			
[Name, Pg/Sec#]	Identify the need for additional engineering and assessment resources from other Federal agencies, and issue mission assignments to activate such resources.	Within 48 hours from the incident			
[Name, Pg/Sec#]	Assist with the assessment to determine the requirement to relocate affected essential services to backup locations.	Within 48 hours from the incident			
[Name, Pg/Sec#]	Assess buildings and private structures to determine occupancy eligibility.	Within 4 weeks from the incident			
[Name, Pg/Sec#]	Provide geocoded status report of the community, homes, and facilities identified as safe or unsafe to reenter and reoccupy.	Within 4 weeks from the incident			
[Name, Pg/Sec#]	Determine need for recovery programs.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

### Provide Mitigation and Technical Assistance

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate, fund, and implement contracts for construction management and inspection. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate, fund, and implement contracts for emergency repair of utilities and other services. _____ _____	[From plan]			
[Name, Pg/Sec#]	Manage, monitor, and/or provide technical advice on debris management and reestablishment of ground and water routes into the affected area. _____ _____	[From plan]			
[Name, Pg/Sec#]	Assist with implementation and management of the Federal Emergency Management Agency (FEMA) Public Assistance Program to support repair and restoration of public property. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in postincident assessments of structures, public works, and infrastructure to develop cost estimates, complete written project worksheets, determine priority repair/reconstruction projects, and help prioritize engineering and construction resources.	Within 14 days from the project worksheet entry			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### Demobilize Structural Damage Assessment

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop a demobilization plan for structural damage and mitigation assessment.	[From plan]			
[Name, Pg/Sec#]	Restore personnel and equipment to normal operations.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Structural Damage Assessment

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Complete appropriate documentation.	100%			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Triage and Pre-Hospital Treatment	
Relevant Exercise Objectives	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assess, categorize, and track health and medical resources at the State, regional, and local levels, including trauma centers, burn centers, pediatric facilities, acute care facilities, and other specialty facilities.	[From plan]			
[Name, Pg/Sec#]	Ensure appropriate protective resources are available, including vaccinations, prophylaxis, and personal protective equipment (PPE) for pre-hospital providers and their families.	[From plan]			
[Name, Pg/Sec#]	Ensure sufficient emergency medical services (EMS) personnel and resources are available to respond to day-to-day emergencies in the community.	[From plan]			
[Name, Pg/Sec#]	Ensure sufficient EMS personnel, supplies, and equipment are available to respond to and manage a catastrophic incident until Federal resources become available.	[From plan]			
[Name, Pg/Sec#]	Develop procedures for effective, reliable interoperable communications between EMS, incident command, public health, and healthcare facilities.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish and maintain intrastate and interstate EMS communication systems.  	[From plan]			
[Name, Pg/Sec#]	Develop protocols and procedures for tracking triage and pre-hospital treatment response staff and equipment during day-to-day operations and catastrophic incidents.  	[From plan]			
[Name, Pg/Sec#]	Ensure that EMS systems include an education, licensure, and credentialing system consistent with national standards.  	[From plan]			
[Name, Pg/Sec#]	Identify and coordinate with public safety access points that have enhanced capabilities (e.g., automatic location identification) and redundancy and are capable of handling a surge in call volume.  	[From plan]			
[Name, Pg/Sec#]	Establish a means to allow EMS resources to be used across jurisdictions, both intrastate and interstate, using the National Incident Management System (NIMS) (e.g., mutual aid agreements).  	[From plan]			
[Name, Pg/Sec#]	Develop and/or maintain protocols and procedures for EMS dispatch, assessment, triage, treatment, transport, logistical support, medical command and coordination, safety, communications, and tracking of patients during day-to-day operations and catastrophic incidents.  	[From plan]			
[Name, Pg/Sec#]	Develop mechanisms to ensure freedom of movement of medical response, transport, and personnel when faced with restricted travel laws, isolation/quarantine, or security measures.  	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans and mechanisms for obtaining reimbursement for both public and private expenditures for triage and pre-hospital treatment following a declared catastrophic incident.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct training of dispatch personnel in protocol and procedures for dispatch during catastrophic events.	80% of personnel trained			
[Name, Pg/Sec#]	Develop and implement multidisciplinary training programs for EMS personnel, based on local risk vulnerability assessments and lessons learned.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement multidisciplinary exercise programs for EMS personnel, based on local risk vulnerability assessments and lessons learned.	Conduct exercises every 12 months			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Direct Triage and Pre-Hospital Treatment Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish Medical Branch Group officer.	[From plan]			
[Name, Pg/Sec#]	Coordinate triage and pre-hospital treatment operations with onsite Incident Command.	Within 30 minutes from response operations initiation			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate and integrate triage and pre-hospital treatment operations with the National Disaster Medical System.  	[From plan]			
[Name, Pg/Sec#]	Implement and coordinate effective, reliable interoperable communications between EMS, incident command, public health, and healthcare facilities.  	Within 30 minutes from response operations initiation			
[Name, Pg/Sec#]	Assess need for additional medical resources/mutual aid.  	[From plan]			
[Name, Pg/Sec#]	Initiate recall and/or mutual aid to staff spare ambulances and provide immediate surge capability.  	Within 30 minutes from increased call volume			
[Name, Pg/Sec#]	Implement and maintain accountability procedures for EMS personnel, equipment, and supplies.  	[From plan]			
[Name, Pg/Sec#]	Provide medical support, safety considerations, and appropriate PPE for EMS responders.  	Within 2 hours from initial unit arrival			
[Name, Pg/Sec#]	Organize and distribute resources for triage and pre-hospital treatment operations.  	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	
Areas for Improvement	
•	– Root Cause
•	– Root Cause
•	– Root Cause
Additional Observations: _____	
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**Activate Triage and Pre-Hospital Treatment**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Dispatch and support medical care personnel.	Within 10 minutes of 911 receipt of initial call			
	_____				
	_____				
[Name, Pg/Sec#]	Complete scene survey.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Establish scene safety, based on the type and severity of the incident.	[From plan]			
	_____				
	_____				
[Name, Pg/Sec#]	Establish triage, treatment, and transport areas.	[From plan]			
	_____				
	_____				

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Triage**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct initial and ongoing pre-hospital triage in accordance with a jurisdiction's prescribed triage methodology (e.g., Simple Triage and Rapid Treatment [START]).	Within 30 minutes of receipt of call			
[Name, Pg/Sec#]	Initiate a patient-tracking system.	Within 30 minutes from initiation of onscene triage			
[Name, Pg/Sec#]	Ensure decontamination of patients before treatment and transport.	[From plan]			
[Name, Pg/Sec#]	Move patients to safe, secure, and easily accessible treatment area(s).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Provide Treatment**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish immediate, minor, and delayed treatment areas.	Within 30 minutes from initial units arrival onscene			
[Name, Pg/Sec#]	Provide pre-hospital treatment appropriate to the nature of the incident and number of injured/ill persons.	Within 30 minutes from initial units arrival onscene			
[Name, Pg/Sec#]	Administer antidotes for victims of weapons of mass destruction (WMD) attacks.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide ongoing pain management therapy as needed to victims awaiting transport.	[From plan]			
[Name, Pg/Sec#]	Ensure documentation of patient care and transfer, in accordance with mass casualty protocols.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Transport**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify transport vehicles, victims, and priority of transport.	100% of vehicles appropriate for patient needs			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide for alternative modes of transport should air or other operations be necessary (e.g., helicopters along with a corresponding landing zone).	[From plan]			
[Name, Pg/Sec#]	Coordinate and transport patients to the appropriate treatment facility.	Within 2 hours from initial units arrival onscene			
[Name, Pg/Sec#]	Provide ongoing assessment and treatment en route.	[From plan]			
[Name, Pg/Sec#]	Transfer care of the patient to the medical staff at the facility.	[From plan]			
[Name, Pg/Sec#]	Develop local protocols that address return to service of transport vehicles (e.g. decontamination, stocking, personnel).	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	
Additional Observations:	

**Demobilize Triage and Pre-Hospital Treatment**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Reconstitute EMS personnel and equipment.	[From plan]			
[Name, Pg/Sec#]	Participate in incident debriefing for triage and pre-hospital treatment operations.	[From plan]			
[Name, Pg/Sec#]	Identify responder needs dependent on their level of involvement and/or hours committed to the incident.	[From plan]			
[Name, Pg/Sec#]	Implement comprehensive stress management strategies and programs for all emergency responders and other workers.	[From plan]			
[Name, Pg/Sec#]	Reestablish normal EMS operations.	Within 12 hours from start of demobilization			
[Name, Pg/Sec#]	Ensure postevent medical monitoring and care of pre-hospital/triage responders.	[From plan]			
[Name, Pg/Sec#]	Conduct postevent analysis, including development and dissemination of lessons learned; revise plan as indicated.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Emergency Triage and Pre-Hospital Treatment  
Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Search and Rescue (Land-Based)**

*Relevant Exercise Objectives*

- ☐
- ☐
- ☐

- ☐
- ☐
- ☐

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Incorporate search and rescue (SAR) plans and procedures for urban, civil, and other SAR into jurisdiction's emergency operations plans (EOPs) or EOP annexes.	[From plan]			
[Name, Pg/Sec#]	Preidentify typed SAR resources.	[From plan]			
[Name, Pg/Sec#]	Develop resource allocation processes and procedures for SAR capable resources that also support other capabilities/functions.	[From plan]			
[Name, Pg/Sec#]	Identify resources from other agencies or capabilities that may assist with SAR, and plan to integrate such additional resources as necessary.	[From plan]			
[Name, Pg/Sec#]	Develop plan to incorporate nationally certified SAR volunteers.	[From plan]			
[Name, Pg/Sec#]	Develop management plan to address uncertified volunteers.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plan for SAR teams that will be deployed out of region to be self-sustaining for 72 hours.	[From plan]			
[Name, Pg/Sec#]	Establish plans, procedures, and protocols for logistical support for SAR assets.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Develop and Maintain Training and Exercise Programs

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish training and exercise program for SAR personnel as per the EOP.	Exercise every 12 months			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Train and equip SAR personnel to the appropriate standards commensurate with their mission.</i>	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


### Direct Search and Rescue (SAR) Tactical Operations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	<i>Receive and accept SAR request/activation order.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Participate in SAR planning process and operational briefings.</i>	[From plan]			
[Name, Pg/Sec#]	<i>Plan and coordinate SAR operations at incident site.</i>	<i>Within 2 hours from arrival onscene</i>			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Direct SAR resources according to the National Incident Management System (NIMS), Incident Command System (ICS), and consensus-level technical rescue standards.   	[From plan]			
[Name, Pg/Sec#]	Determine need for deployment of additional SAR assets.   	[From plan]			
[Name, Pg/Sec#]	Provide timely situational awareness and response information.   	Every 30 minutes			
[Name, Pg/Sec#]	Establish and maintain a chronological log of events in the field.   	[From plan]			
[Name, Pg/Sec#]	Document and collect SAR operations information, including chronological log of events in the field for use in after action review.   	[From plan]			
[Name, Pg/Sec#]	Reassign/rotate technical specialists, as needed.   	[From plan]			
[Name, Pg/Sec#]	Maintain accountability of all SAR personnel.   	[From plan]			
[Name, Pg/Sec#]	Identify logistics capability of incident site to determine whether deployed SAR teams must be self-sustaining.   	[From plan]			
[Name, Pg/Sec#]	Develop SAR team reassignment/demobilization plan.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

### Activate Search and Rescue (SAR)

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Receive SAR alert/activation order.	[From plan]			
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings.	[From plan]			
[Name, Pg/Sec#]	Assemble personnel and equipment at designated location.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Deploy Federal, State, regional, or local SAR resources commensurate with request.	Local within 2 hours, regional within 12 hours, and Federal within 6 hours of requests			
[Name, Pg/Sec#]	Transport team (personnel and equipment) to incident scene.	[From plan]			
[Name, Pg/Sec#]	Collect and analyze incident information to assist SAR capability deployment decisions.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Provide Materiel and Other Support**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings.	[From plan]			
[Name, Pg/Sec#]	Establish base of operations.	Within 60 minutes from arrival at incident site			
[Name, Pg/Sec#]	Maintain accountability of team equipment/supplies.	100%			
[Name, Pg/Sec#]	Provide medical care for SAR personnel, including K-9 first responders.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Search and Rescue (SAR) Reconnaissance**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assess incident site to determine SAR course of action.	Within 1 hour			
[Name, Pg/Sec#]	Assess the incident site for hazardous materials (HazMat) or other environmental conditions.	[From plan]			
[Name, Pg/Sec#]	Develop map of search area to be used in SAR tactical operations.	[From plan]			
[Name, Pg/Sec#]	Communicate findings and recommend priorities to team management.	[From plan]			
[Name, Pg/Sec#]	Dispose of contaminated food.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_


### Search

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings.	[From plan]			
[Name, Pg/Sec#]	Ensure scene/site safety (security, shoring, debris).	[From plan]			
[Name, Pg/Sec#]	Conduct area search for victims.	Within 30 minutes from operations briefing			
[Name, Pg/Sec#]	Search for victims using canine, physical, and electronic search capabilities.	[From plan]			
[Name, Pg/Sec#]	Identify and record potential/actual victim locations (live and dead).	[From plan]			
[Name, Pg/Sec#]	Direct ambulatory victims to safe assembly point.	100% of victims			
[Name, Pg/Sec#]	Report progress of search efforts on a regular basis to SAR lead.	Every 30 minutes			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Maintain accountability for search personnel, equipment, and supplies.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Extricate

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings.	[From plan]			
[Name, Pg/Sec#]	Ensure scene/site safety (security, shoring, debris).	[From plan]			
[Name, Pg/Sec#]	Coordinate extrication strategy with medical personnel.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Extricate trapped victims.	100% of located victims			
[Name, Pg/Sec#]	Provide periodic progress reports while rescuing.	Every 30 minutes			
[Name, Pg/Sec#]	Maintain accountability of extrication personnel, equipment, and supplies.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Provide Medical Treatment

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Participate in SAR planning process and operational briefings.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate medical treatment with extrication and medical personnel.	[From plan]			
[Name, Pg/Sec#]	Transfer victims to more definitive medical care.	[From plan]			
[Name, Pg/Sec#]	Medically stabilize trapped victims according to Task Force Operations Manual and Medical Protocols.	[From plan]			
[Name, Pg/Sec#]	Ensure victims are medically stabilized according to Task Force Operations Manual and Medical Protocols throughout packaging and extrication.	[From plan]			
[Name, Pg/Sec#]	Maintain accountability of medical personnel, equipment, and supplies.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

### Demobilize/Redeploy

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Repackage equipment cache.	[From plan]			
[Name, Pg/Sec#]	Demobilize base of operations.	Within 12 hours			
[Name, Pg/Sec#]	Arrange transportation for personnel and equipment.	[From plan]			
[Name, Pg/Sec#]	Debrief SAR capability personnel.	100% of personnel debriefed			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Search and Rescue (Land-Based)

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Additional Observations: _____



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

Volunteer Management and Donations	
<i>Relevant Exercise Objectives</i>	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

***Develop and Maintain Plans, Procedures, Programs, and Systems***

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop National Incident Management System (NIMS)-compatible plans, policies, and protocols for coordinating management of volunteers.	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, and protocols for coordinating management of donated goods.	[From plan]			
[Name, Pg/Sec#]	Develop plans, policies, and protocols for coordinating referral of undesignated cash donations.	[From plan]			
[Name, Pg/Sec#]	Develop plan to open and staff a donations call center to accept, match, and process offers of goods and services.	[From plan]			
[Name, Pg/Sec#]	Develop system/criteria for evaluating and/or vetting voluntary organizations and/or relief funds.	[From plan]			
[Name, Pg/Sec#]	Develop a list of verified and/or vetted voluntary organizations and/or relief funds.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans for effective information management communicating with Public Information Officers (PIOs) at all levels.	[From plan]			
[Name, Pg/Sec#]	Develop plans to coordinate with tribal, local, State, and/or Federal governments; nongovernmental organizations; and private entities to effectively use volunteers, donated good, and cash donations.	[From plan]			
[Name, Pg/Sec#]	Develop outreach plan designed to educate the preparedness and response community about the functions of the volunteers and donations management capability.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Exercise plans for volunteer management and donations.  	[From plan]			
[Name, Pg/Sec#]	Develop and implement awareness-training programs regarding the use of volunteers and donations.  	[From plan]			
[Name, Pg/Sec#]	Develop and implement exercise and training for the distribution of public information.  	[From plan]			
[Name, Pg/Sec#]	Develop just-in-time training program for volunteers to perform required tasks.  	[From plan]			
[Name, Pg/Sec#]	Develop and conduct training to improve all-hazard incident management capability.  	[From plan]			
[Name, Pg/Sec#]	Conduct an after action review to determine strengths and shortfalls, and develop a corrective plan accordingly.  	[From plan]			
[Name, Pg/Sec#]	Participate in training exercises with government agencies and other nongovernmental organizations, as appropriate.  	[From plan]			
[Name, Pg/Sec#]	Complete relevant Incident Command System (ICS) and/or NIMS training for appropriate personnel and volunteers.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct internal and external training regarding the activities and responsibilities of volunteers and donations capability.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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### Coordinate Volunteer Management Operations and the Establishment of Warehouses and Materials Handling Equipment

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Review and activate State and local plans for donations and volunteers.	[From plan]			
[Name, Pg/Sec#]	Coordinate voluntary support/activities with community/tribal leadership, and liaise with local agencies.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Locate and establish warehouses and materials handling equipment.  	[From plan]			
[Name, Pg/Sec#]	Develop a strategic facilities management plan (multiagency warehouse, emergency distribution centers).  	[From plan]			
[Name, Pg/Sec#]	Establish a liaison with media outlets and other stakeholders (e.g., Congress, Federal agencies) to provide information about volunteers and donations.  	[From plan]			
[Name, Pg/Sec#]	Work closely with PIOs to disseminate critical information about appropriate ways to volunteer and donate.  	[From plan]			
[Name, Pg/Sec#]	Implement a strategic facilities management plan (multiagency warehouse, emergency distribution centers).  	[From plan]			
[Name, Pg/Sec#]	Coordinate and collaborate with State and national Voluntary Organizations Active in Disaster (VOAD) and its members.  	[From plan]			
[Name, Pg/Sec#]	Collaborate with other agencies, organizations, and/or businesses regarding volunteers and donations.  	[From plan]			
[Name, Pg/Sec#]	Designate and advertise points of contact for receiving equipment and technical (e.g., communications, logistics, housing, medical) solutions from the private sector, outside jurisdictions, nongovernmental organizations, and volunteers.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish a volunteer and donations coordination center (VDCC).	[From plan]			
[Name, Pg/Sec#]	Coordinate with agencies offering and/or accepting donations.	[From plan]			
[Name, Pg/Sec#]	Gather information about collections, distributions, and other events concerning donations from the field.	[From plan]			
[Name, Pg/Sec#]	Manage large numbers of government and nongovernmental volunteers in disaster.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activate Volunteer Management and Donations Emergency Plan**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Activate preassigned toll-free numbers.  	[From plan]			
[Name, Pg/Sec#]	Work closely with a PIO to disseminate critical information about appropriate ways to volunteer and donate.  	[From plan]			
[Name, Pg/Sec#]	Brief senior leadership and elected officials (government, Federal Coordinating Officer [FCO], Congress staff).  	[From plan]			
[Name, Pg/Sec#]	Work with all affected tribal/local/State/Federal governments.  	[From plan]			
[Name, Pg/Sec#]	Activate donations/volunteer coordination teams.  	[From plan]			
[Name, Pg/Sec#]	Establish a VDCC.  	[From plan]			
[Name, Pg/Sec#]	Coordinate and collaborate with VOAD; its members; and other vetted agencies, organizations, and businesses.  	[From plan]			
[Name, Pg/Sec#]	Review and activate State and local plans for volunteers and donations.  	[From plan]			
[Name, Pg/Sec#]	Activate Web site for receiving monetary donations and offers of other donations/volunteers.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**Organize Volunteers and Assign Them to Disaster Relief Efforts**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Operate call centers and Web sites to gather information and register, if possible, unaffiliated spontaneous volunteers.	[From plan]			
[Name, Pg/Sec#]	Match individual volunteers with requests from agencies.	[From plan]			
[Name, Pg/Sec#]	Conduct predeployment/preassignment briefing for volunteers.	[From plan]			
[Name, Pg/Sec#]	Provide just-in-time training program for volunteers to perform required tasks.	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with voluntary agencies.	[From plan]			
[Name, Pg/Sec#]	Coordinate solicitation of skilled volunteers and technical capabilities.	[From plan]			
[Name, Pg/Sec#]	Implement system to check credentialing/accreditation of skilled volunteers if necessary.	[From plan]			
[Name, Pg/Sec#]	Support response operations using volunteer resources and volunteered technical capabilities.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
<p>Strengths</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Areas for Improvement</p> <ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
<p>Additional Observations: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Collect and Manage Material Donations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Operate call centers and Web sites to collect information on material donations.  	[From plan]			
[Name, Pg/Sec#]	Locate and establish warehouses and material handling equipment.  	[From plan]			
[Name, Pg/Sec#]	Gather material donations intelligence from the field.  	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_  
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Collect and Manage Cash Donations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Educate the public through press releases on the benefits of cash donations to voluntary agencies.  	[From plan]			
[Name, Pg/Sec#]	Direct cash donations to voluntary agencies supporting the incident.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with agencies collecting cash donations.  	[From plan]			
[Name, Pg/Sec#]	Collect cash donations.  	[From plan]			
[Name, Pg/Sec#]	Keep appropriate documentation from all undesignated cash/monetary donations.  	[From plan]			
[Name, Pg/Sec#]	Coordinate with verified and/or vetted agencies for the transfer of undesignated cash donations.  	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

### Coordinate Distribution of Donations

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Manage surge in unsolicited donations and in-kind materials. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate with tribal, local, State, and/or Federal governments; nongovernmental organizations; and private entities to effectively use unsolicited goods and undesignated cash donations. _____ _____	[From plan]			
[Name, Pg/Sec#]	Implement proper accounting policies and protocols to handle cash donations. _____ _____	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

### Activity Analysis

Additional Observations: \_\_\_\_\_

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### Transition to Long-Term Recovery

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Allocate undesignated cash donations and in-kind material donations to long-term recovery efforts. _____ _____	[From plan]			
[Name, Pg/Sec#]	Assess the long-term needs and requirements for volunteers and donations. _____ _____	[From plan]			
[Name, Pg/Sec#]	Coordinate appropriate messages with PIOs and media outlets. _____ _____	[From plan]			
[Name, Pg/Sec#]	Brief major donors on transition and redirection of donations. _____ _____	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>•               <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
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**Deactivate Volunteer Management and Donations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct appropriate salvage of remaining donated goods once response/recovery phase ends.	[From plan]			
[Name, Pg/Sec#]	Demobilize deployed volunteers.	[From plan]			
[Name, Pg/Sec#]	Demobilize volunteered technical capabilities.	[From plan]			
[Name, Pg/Sec#]	Close VDCC and other facilities (e.g., phone bank, warehouses).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Volunteer Management and Donations

Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Conduct a debriefing of volunteer management and donations personnel.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Evaluator Name/Location: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and Decontamination**

*Relevant Exercise Objectives*

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Develop and Maintain Plans, Procedures, Programs, and Systems**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop plans, programs, agreements, and requirements for responding to HazMat incidents.	Review every 12 months			
[Name, Pg/Sec#]	Develop plans, programs, criteria, and protocols for conducting decontamination.	Review every 12 months			
[Name, Pg/Sec#]	Preidentify resources (personnel and equipment) to provide rapid initial sizeup of HazMat incident.	[From plan]			
[Name, Pg/Sec#]	Assist in developing a communications plan for HazMat in emergencies, related to specific hazards, health guidance, educational materials, etc.	[From plan]			
[Name, Pg/Sec#]	Ensure plans are in place for self-presenting contaminated victims offsite (e.g., hospitals).	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed After Action Report [AAR] input form.)**

Strengths

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	
Areas for Improvement	
•	– Root Cause
•	– Root Cause
•	– Root Cause
Additional Observations: _____	
_____	
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_____	
_____	

**Develop and Maintain Training and Exercise Programs**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop and implement training related to detection and reporting of HazMat.	Train 100% of responders			
[Name, Pg/Sec#]	Provide appropriate HazMat response training to field staff and managers of State/local programs having involvement in HazMat response.	Train 100% of identified personnel			
[Name, Pg/Sec#]	Develop and implement exercise programs for WMD/HazMat response and decontamination.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
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**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Activity Analysis**

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

**Direct WMD and HazMat Response and Decontamination Tactical Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Receive alert/activation order for WMD and HazMat response and decontamination.	[From plan]			
[Name, Pg/Sec#]	Establish and implement onscene management for HazMat response.	[From plan]			
[Name, Pg/Sec#]	Provide a HazMat technical expertise team for emergency operations for both industry and public.	[From plan]			
[Name, Pg/Sec#]	Implement a HazMat response (e.g., implement plans, programs, agreements, and requirements).	Develop a tactical plan within 1 hour			
[Name, Pg/Sec#]	Coordinate technical and administrative support, personnel, facilities, communications, and information.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Provide required personal protective equipment (PPE) to WMD/ HazMat responders in coordination with the Safety Officer.   	[From plan]			
[Name, Pg/Sec#]	Develop a site safety plan.   	[From plan]			
[Name, Pg/Sec#]	Observe the scene, and review/evaluate hazard and response information as it pertains to the safety of all persons on the scene and responding.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with Safety Officer to ensure the safety of onscene WMD/ HazMat responders.   	[From plan]			
[Name, Pg/Sec#]	Coordinate and support decontamination activities onsite.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with and provide technical guidance to entities performing offsite decontamination.   	[From plan]			
[Name, Pg/Sec#]	Coordinate with hospitals to develop plans for managing/decontaminating self-presenting contaminated victims.   	[From plan]			
[Name, Pg/Sec#]	Coordinate resource management of HazMat equipment, supplies, and personnel.   	[From plan]			
[Name, Pg/Sec#]	Request decontamination technical assistance resources.   	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Coordinate with Safety Officer to brief HazMat branch/group personnel on site-specific occupational safety and health issues involving WMD/ HazMat releases.	[From plan]			
[Name, Pg/Sec#]	Issue instructions for self-decontamination, where appropriate, expedient, and possible.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_


**Activate WMD and HazMat Response and Decontamination**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Initiate WMD/ HazMat procedures.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Assemble personnel and equipment at designated location.	[From plan]			
[Name, Pg/Sec#]	Transport team (personnel and equipment) to scene.	[From plan]			
[Name, Pg/Sec#]	Conduct initial approach and positioning of responders.	[From plan]			
[Name, Pg/Sec#]	Implement/integrate WMD/ HazMat resources into the Incident Command System (ICS) organization.	[From plan]			
[Name, Pg/Sec#]	Initiate initial public protective actions.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**\*\*Customize this template based on objectives to meet exercise needs\*\***

*[EXERCISE NAME]*

*[EXERCISE DATE]*

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Identify the Hazard**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Notify law enforcement for guidance on collection and management of evidence from potential crime scenes.  	[From plan]			
[Name, Pg/Sec#]	Initiate HazMat response.  	[From plan]			
[Name, Pg/Sec#]	Survey the incident scene.  	[From plan]			
[Name, Pg/Sec#]	Identify HazMat and the extent/scope of the incident.  	Within 30 minutes from arrival onscene			
[Name, Pg/Sec#]	Analyze weather forecast to conduct hazard zone prediction.  	[From plan]			
[Name, Pg/Sec#]	Conduct contamination surveys.  	[From plan]			
[Name, Pg/Sec#]	Assess HazMat release situations.  	[From plan]			
[Name, Pg/Sec#]	Conduct oil and HazMat assessment.  	[From plan]			
[Name, Pg/Sec#]	Monitor movement of hazardous releases, and formulate predictions on dispersion and characteristics over time.  	[From plan]			
[Name, Pg/Sec#]	Characterize consequences and risk.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify and establish perimeter and HazMat zones (hot, warm, cold).	[From plan]			
[Name, Pg/Sec#]	Conduct ongoing assessments and predictions.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

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Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Assess Hazard and Evaluate Risk**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Collect, prioritize, and manage data and information from all sources.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Develop incident monitoring and sampling strategy based on a realistic assessment of operational hazards.   	[From plan]			
[Name, Pg/Sec#]	Conduct sampling operations.   	[From plan]			
[Name, Pg/Sec#]	Identify, classify, and verify suspected nonbiological WMD/HazMat samples through the use of at least two (preferably three) different instrument technologies.   	[From plan]			
[Name, Pg/Sec#]	Use plume dispersion models and other analytical tools to generate ongoing WMD/HazMat dispersion assessments.   	[From plan]			
[Name, Pg/Sec#]	Implement risk evaluation process that adequately addresses the risk of various actions to both responders and the public.   	[From plan]			
[Name, Pg/Sec#]	Develop and implement an Incident Action Plan (IAP) specific to WMD/HazMat issues based on the risk evaluation process.   	[From plan]			
[Name, Pg/Sec#]	Establish and identify visually an isolation perimeter (outer perimeter) to isolate the area and deny entry.   	[From plan]			
[Name, Pg/Sec#]	Establish a hot zone (inner perimeter) to identify high hazard area(s) where responders will operate.   	[From plan]			



**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Establish other hazard control zones, based on the scope and nature of the event.	[From plan]			
[Name, Pg/Sec#]	Make offensive or defensive reconnaissance operations, as necessary, to gather intelligence on the situation.	[From plan]			
[Name, Pg/Sec#]	Conduct ongoing assessments and predictions.	[From plan]			

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
_____
_____
_____
_____
_____

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

**Conduct Rescue Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Determine the nature and priority of rescue operations and the numbers involved.  	[From plan]			
[Name, Pg/Sec#]	Identify personnel and equipment requirements to initiate rescue operations.  	[From plan]			
[Name, Pg/Sec#]	Implement safe and effective tactics to accomplish rescue operation objectives.  	[From plan]			
[Name, Pg/Sec#]	Extricate and rescue victims within the hot zone.  	Within 2 hours from arrival onscene			
[Name, Pg/Sec#]	Coordinate rescue efforts with law enforcement to ensure safety of rescuers.  	[From plan]			
[Name, Pg/Sec#]	Implement secondary public protective actions.  	[From plan]			
[Name, Pg/Sec#]	Identify personnel and equipment requirements to initiate product/agent control operations.  	[From plan]			
[Name, Pg/Sec#]	Implement safe and effective tactics to accomplish product/agent control objectives.  	[From plan]			
[Name, Pg/Sec#]	Implement safe and effective tactics to support product/agent control objectives.  	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Areas for Improvement
<ul style="list-style-type: none"> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> <li>• <ul style="list-style-type: none"> <li>– Root Cause</li> </ul> </li> </ul>
Additional Observations: _____
_____
_____
_____
_____
_____

**Conduct Mitigation Activities**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify appropriate PPE based on suspected HazMat.	[From plan]			
[Name, Pg/Sec#]	Coordinate with Safety Officer to monitor responders for exposure to HazMat.	[From plan]			
[Name, Pg/Sec#]	Coordinate with Safety Officer to monitor and control the operating time of rescuers assigned to the hot zone to minimize rescuer exposure.	[From plan]			
[Name, Pg/Sec#]	Secure the contamination source and affected areas.	Within 12 hours from arrival onscene			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Monitor and track compliance with containment requirements.	[From plan]			

**Activity Analysis**

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

Additional Observations: \_\_\_\_\_

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**Conduct Decontamination and Cleanup/Recovery Operations**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Identify assets required for decontamination activities.	[From plan]			
[Name, Pg/Sec#]	Identify the type of contaminants, nature of response operations, and the required type/level of decontamination operations.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Implement plans, procedures, and protocols to ensure onsite individual gross decontamination of persons and household pets affected by the incident.	[From plan]			
[Name, Pg/Sec#]	Provide a means to allow medical treatment facilities and shelter managers to readily identify people who have received gross decontamination.	[From plan]			
[Name, Pg/Sec#]	Establish decontamination sites for victims.	[From plan]			
[Name, Pg/Sec#]	Screen affected persons.	[From plan]			
[Name, Pg/Sec#]	Implement emergency decontamination operations.	[From plan]			
[Name, Pg/Sec#]	Implement technical decontamination operations in support of WMD/HazMat entry and response activities.	Within 2 hours from the end of the work period			
[Name, Pg/Sec#]	Implement decontamination operations to address incident-specific scenarios and requirements.	[From plan]			
[Name, Pg/Sec#]	Decontaminate pets, if resources are available.	[From plan]			
[Name, Pg/Sec#]	Coordinate livestock decontamination.	[From plan]			
[Name, Pg/Sec#]	Monitor clean areas within the contamination control line.	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Monitor the exit point for HazMat contaminant movement outside the isolation zone.	[From plan]			
[Name, Pg/Sec#]	Coordinate with environmental authorities to ensure appropriate decontamination area cleanup and disposal of waste materials.	[From plan]			
[Name, Pg/Sec#]	Decontaminate affected facilities and equipment used for technical decontamination.	Within 24 hours from end of work period			
[Name, Pg/Sec#]	Perform cleanup operations.	[From plan]			
[Name, Pg/Sec#]	Implement HazMat disposal plan.	[From plan]			

### Activity Analysis

**Observations (Each bullet will need a completed AAR input form.)**

Strengths

- 
- 
- 

Areas for Improvement

- - Root Cause
- - Root Cause
- - Root Cause

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis	
Additional Observations:	

**Demobilize WMD and HazMat Response and Decontamination**

Plan Ref	Task	Metric	Yes	No	Time
[Name, Pg/Sec#]	Transfer command for emergency response phase to the authority having jurisdiction for postemergency cleanup and recovery operations.	[From plan]			
[Name, Pg/Sec#]	Work through Incident Command/Unified Command to ensure that incident-specific evidence collection and investigation protocols are clearly understood and communicated to all responders.	[From plan]			
[Name, Pg/Sec#]	Inventory WMD/HazMat equipment cache, and restore to service.	[From plan]			
[Name, Pg/Sec#]	Demobilize WMD/HazMat base of operations.	Within 12 hours			
[Name, Pg/Sec#]	Arrange transportation for demobilized WMD/HazMat personnel and equipment.	[From plan]			
[Name, Pg/Sec#]	Implement a formal postincident analysis process (based on local procedures).	[From plan]			

**\*\*Customize this template based on objectives to meet exercise needs\*\***

[EXERCISE NAME]

[EXERCISE DATE]

Weapons of Mass Destruction (WMD) and Hazardous Materials (HazMat) Response and  
Decontamination Operations-Based Exercise Evaluation Guide (EEG) Analysis Form

Activity Analysis
<b>Observations (Each bullet will need a completed AAR input form.)</b>
Strengths
<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>
Areas for Improvement
<ul style="list-style-type: none"><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li><li>•<ul style="list-style-type: none"><li>– Root Cause</li></ul></li></ul>
Additional Observations: _____
_____
_____
_____
_____
_____



# After Action Conference

[Exercise Name]



Homeland  
Security

# Homeland Security Exercise and Evaluation Program (HSEEP)

- Standardizes exercise design, development, conduct, and evaluation for all exercises (National-level, Federal, State, local)
- Establishes common language and concepts to be adopted and used by various agencies and organizations
- Meets National Response Plan (NRP) and National Incident Management System (NIMS) goals
- Synchronizes all exercises in the Nation
- Provides tools and resources for States and local jurisdictions to establish self-sustaining exercise programs



**Homeland  
Security**

# Agenda

- I. Introductions & Opening Remarks
- II. Exercise Summary
- III. Items Identified
- IV. AAR Review
- V. Improvement Plan Development
- VI. Next Steps



**Homeland  
Security**

# Introductions

- Your name
- Your organization
- Your role during the exercise
- One key success during the exercise
- One key challenge during the exercise



**Homeland  
Security**

# Exercise Summary

**[Insert a brief description of the exercise including the scope, objectives (including Target Capabilities, activities, and scenario used to achieve objectives)]**



**Homeland  
Security**

# Exercise Objectives

**[Insert Exercise Objectives]**

1. Objective 1
2. Objective 2
3. Objective 3



**Homeland  
Security**

# Scenario Synopsis

**[Insert brief summary of the exercise scenario]**



**Homeland  
Security**

# Key Strengths and Accomplishments

**[Insert the key strengths from the exercise]**



**Homeland  
Security**



# Key Areas for Improvement

**[Insert the key areas for improvement from the exercise]**



**Homeland  
Security**

# AAR Review and Approval

**[Review the exercise AAR with participants and solicit feedback on its contents]**

## Report Section

- Section 3: Analysis of Capabilities
- Section 4: Conclusion
- Appendix A: Improvement Plan
- Appendix B: Lessons Learned (Optional)
- Appendix C: Participant Feedback (Optional)

## Report Section

- Appendix D: Exercise Events Summary Table (Optional)
- Appendix E: Performance Ratings (Optional)
- Appendix F: Acronyms



**Homeland  
Security**

# Report Approval Process

- Decision by consensus
- Unresolved issues (e.g. consensus not attained)
  - Consider compromises
  - Refer to Exercise Directors
  - Exercise Directors consult with applicable agency head



Homeland  
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# Improvement Plan Development

- Divide into groups
- Select a group leader and recorder
- Discuss each lesson learned
- Turn recommendations into actions
- Provide actions to facilitator
- Reconvene to brief actions to entire group



**Homeland  
Security**

# Writing Corrective Actions

- Determine action needed to fix the problem
- Choices
  - No further action; already fixed
  - No further action; not worth fixing
  - Accept recommendation as is
  - Choose new action—if so, write it



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# Writing Corrective Actions

- Generally plans, policies, and procedures; training; equipment and facilities; outreach and inter-agency coordination; exercises
- All follow-up actions *must* have:
  - What must be done (an action e.g., a verb)
  - Who will do it (agency and POC)
  - When it will be done (specify reasonable date)



Homeland  
Security

# Sample Corrective Action Template

- Use these templates as suggestions for refining recommendations. You need not match the wording exactly.
- (Who) will prepare/revise \_\_\_\_\_ plan to (correct what?) by (when).
- (Who) will prepare/revise \_\_\_\_\_ policy or procedure to (correct what?) (when).
- (Who) will conduct training for (group) in (what?) so that \_\_\_\_\_ by (when).
- (Who) will obtain/repair \_\_\_\_\_ equipment/facilities so as to \_\_\_\_\_ by (when).
- (Who) will conduct \_\_\_\_\_ study/analysis to (action required) so as to \_\_\_\_\_.
- (Who) will convene a working group of \_\_\_\_ (people/agencies) \_\_\_\_ to (action required) so as to correct (what).



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Security**

# Improvement Plan Matrix

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
[Capability 1: Capability Name]	1. Observation 1	1.1 Insert Recommendation 1	1.1.1 Insert Corrective Action 1	Planning	State X EMA	EMA Director	Dec 1, 2006	Sep 1, 2007
			1.1.2 Insert Corrective Action 2	Planning	State X EMS System	EMS System Director	Dec 1, 2006	Feb 1, 2007
		1.2 Insert Recommendation 2	1.2.1 Insert Corrective Action 1	Training	State X EMA	EMA Director	Dec 1, 2006	Jan 1, 2007
			1.2.2 Insert Corrective Action 2	Systems/ Equipment	State X EMA	EMA Director	Dec 1, 2006	Mar 15, 2007
	2. Observation 2	2.1 Insert Recommendation 1	2.1.1 Insert Corrective Action 1	Planning	State X EMS System	EMS System Director	Dec 1, 2006	Jan 15, 2007
			2.1.2 Insert Corrective Action 2	Systems/ Equipment	State X EMA	EMA Director	Dec 1, 2006	Jan 1, 2007



**Homeland  
Security**



# Action Brief

Please indicate:

- Which items require no further action
- Recommendations with no change to actions
- Changed or new actions and why

Facilitator will record revised actions.



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Security**

# Wrap-Up

## Next Steps

- Memo report
- Follow-up progress meeting

## Closing Comments



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## AFTER ACTION CONFERENCE AGENDA

[Date]

### I. Introductions and Opening Remarks

### II. Exercise Summary

- a. Scope
- b. Scenario
- c. Objectives

### III. Items Identified

- a. Strengths and Accomplishments
- b. Areas for Improvement

### IV. After Action Report (AAR) Review

### V. Improvement Plan (IP) Development

### VI. Next Steps

## AFTER ACTION CONFERENCE SIGN-IN SHEET

*(PLEASE PRINT CLEARLY)*

Name	Agency/Department	Phone Number	E-Mail

# After Action Conference

[Exercise Name]

[Date]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Agenda

---

- Introductions and Opening Remarks
- Exercise Summary
- Strengths
- Areas of Improvement
- After Action Report (AAR) Review
- Improvement Plan (IP) Development
- Next Steps



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Introductions

---

- Your name
- Your organization
- Your role during the exercise
- One key success during the exercise
- One key challenge during the exercise



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Exercise Summary

---

- [Insert a brief description of the exercise, including the scope, target capabilities, activities, and scenario used to achieve objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Exercise Objectives

---

- [Insert exercise objectives.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Scenario Synopsis

---

- [Insert brief summary of the exercise scenario.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Evaluation

---

- Trained evaluators used Exercise Evaluation Guides (EEGs) during the exercise to track activities.
- Feedback forms and a participant Hot Wash were used to gather information from participants for evaluation.



Insert your  
Organization's  
Logo Here

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# Key Strengths

---

- [Insert the key strengths from the exercise.]



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Key Areas for Improvement

---

- [Insert the key areas for improvement from the exercise.]



Insert your  
Organization's  
Logo Here

# Report Approval Process

---

- Decision by consensus
- Unresolved issues (e.g., consensus not attained)
  - Consider compromises
  - Refer to exercise director
  - Consult with applicable agency head



Insert your  
Organization's  
Logo Here

<Protective Marking>

# AAR Review and Approval

---

## Report Sections:

- Section 3: Analysis of Capabilities
- Section 4: Conclusion
- Appendix A: Improvement Plan
- Appendix B: Lessons Learned (optional)
- Appendix C: Participant Feedback (optional)
- Appendix D: Exercise Events Summary Table (optional)
- Appendix E: Performance Ratings (optional)
- Appendix F: Acronyms



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Improvement Plan (IP) Development

---

- Discuss each recommendation.
- Determine:
  - Corrective action
  - Responsible agency(ies)
  - Agency point of contact (POC)
  - Start date
  - Completion date



Insert your  
Organization's  
Logo Here

<Protective Marking>



# Writing Corrective Actions

---

- Determine action needed to fix the problem.
- Choices:
  - No further action; already fixed
  - No further action; not worth fixing
  - Accept recommendation as is
  - Choose new action—add to AAR



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Writing Improvement Actions

---

- Generally plans, policies and procedures, training, equipment and facilities, outreach and interagency coordination, exercises
- All followup actions must have:
  - What must be done (an action, e.g., a verb)
  - Who will do it (agency and POC)
  - When it will be done (specify reasonable date)



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Sample Improvement Action Template

---

Use these templates as suggestions for refining recommendations. You need not match the wording exactly.

- (Who) will prepare/revise \_\_\_\_\_ plan to (correct what?) by (when).
- (Who) will prepare/revise \_\_\_\_\_ policy or procedure to (correct what?) by (when).
- (Who) will conduct training for (group) in (what?) so that \_\_\_\_\_ by (when).
- (Who) will obtain/repair \_\_\_\_\_ equipment/facilities so as to \_\_\_\_\_ by (when).
- (Who) will conduct \_\_\_\_\_ study/analysis to \_\_ (action required) \_\_ so as to \_\_\_\_\_.
- (Who) will convene a working group of \_\_ (people/agencies) \_\_ to \_\_ (action required) \_\_ so as to correct \_\_\_\_ (what) \_\_\_\_.



Insert your  
Organization's  
Logo Here

# Improvement Plan (IP) Matrix

Capability	Observation Title	Recommendation	Corrective Action Description	Capability Element	Primary Responsible Agency	Agency POC	Start Date	Completion Date
[Capability 1: Capability Name]	Observation 1.1	Insert Recommendation 1	Insert Corrective Action	Planning	State X EMA	EMA Director	12/1/06	9/1/07
			Insert Corrective Action	Planning	State X EMA	EMA Director	12/1/06	2/1/07
		Insert Recommendation 2	Insert Corrective Action	Training	State X EMA	EMA Director	12/1/06	1/1/07
			Insert Corrective Action	Equipment and Systems	State X EMA	EMA Director	12/1/06	3/15/07
	Observation 1.2	Insert Recommendation 3	Insert Corrective Action	Planning	State X EMA	EMA Director	12/1/06	1/15/07
			Insert Corrective Action	Equipment and Systems	State X EMA	EMA Director	12/1/06	1/1/07



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Action Brief

---

- Please indicate:
  - Which items require no further action
  - Recommendations with no change to actions
  - Changed or new actions and why
- Facilitator will record revised actions.



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Wrapup

---

- Next steps
  - Memo report
  - Followup progress meeting (optional)
- Closing comments



Insert your  
Organization's  
Logo Here

<Protective Marking>

# Homeland Security Exercise and Evaluation Program (HSEEP) Volume IV: Sample Documents and Formats (2006)

## Section 3 - Multi-media Library

The HSEEP Volume IV provides sample exercise documents, formats, multimedia files, and policy guidance for exercise planning.

The following resources are available as of October 7, 2015 from:

[https://web.archive.org/web/20090112224736/https://hseep.dhs.gov/hseep\\_vols/default1.aspx?url=home.aspx](https://web.archive.org/web/20090112224736/https://hseep.dhs.gov/hseep_vols/default1.aspx?url=home.aspx) Due to space limitations, only images have been compiled here. Audio and video files are available at the link above.

### Multi-media Library - Images

- Embassy Attacks
- Emergency Medical Services
- Fire
- Hazardous Materials
- Khobar Towers Incident
- Law Enforcement
- Oklahoma City Bombing
- Other
- September 11 2001
  - One Year
  - Pennsylvania Site
  - Pentagon
  - World Trade Center

### Multi-media Library - Audio

- Effects
  - Jet Airliner Flyby
  - Alarm
  - Pulse Alarm
  - Horn
  - Ferryhorn
  - Helicopter Flyby
  - Jet Airliner
  - Thunder and Lightning
  - Lightning
- Explosions
  - 16 Inch Gun
  - Air nuke #1
  - Air nuke #2
  - Blast #1

Blast #2  
Blast #3  
Bomb Blast #1  
Bomb Blast #2  
Bomb drop  
Boom #1  
Boom #2  
Boom #3  
Explosion #1  
Explosion #2  
Explosion #3  
Explosion #4

#### Guns

Machine gun #1  
Machine gun #2  
Machine gun #3  
Machine gun #4  
Machine gun #5  
Machine gun #6  
Missiles  
Shot  
Shotgun #1  
Shotgun #2  
Uzi

#### Sirens

1LongAirhornBlast  
Airhorn #1  
Airhorn #2  
AirhornBlasts  
Firetruck  
Firetrucks #1  
Firetrucks #2  
Firetrucks #3  
Horn  
Hyper  
Idle  
MultipleSirens  
Police  
PulseSiren #1  
PulseSiren #2  
Responder  
Siren #1  
Siren #2  
Siren #3  
Siren #4  
Siren #5



Siren #6  
Siren #7  
Siren #8  
Siren #9  
Siren #10  
Siren #11  
Siren #12  
Siren #13  
Siren #14  
Siren #15  
Wail #1  
Wail #2  
WaveringAirhorn #1  
WaveringAirhorn #2  
Yelp

### **Multi-media Library - Video**

People asking for support  
Bioterror Montage  
Blister Agent  
Flu Season  
Nerve Agent  
Deceased  
Hospital Admissions  
Affect Business  
News Raid  
News Flu  
News at Hospital #1  
News at Hospital #2  
Press Conference  
Raid #1  
Raid #2  
Recovery Concern  
1 Year Report  
Spanish Interview

# Images

[Embassy Attacks](#)

[Emergency Medical Services](#)

[Fire](#)

[Hazardous Materials](#)

[Khobar Towers Incident](#)

[Law Enforcement](#)

[Oklahoma City Bombing](#)

[Other](#)

September 11 2001

[One Year](#)

[Pennsylvania Site](#)

[Pentagon](#)

[World Trade Center](#)

EMBASSY ATTACKS [\[TOP\]](#)









(REUTERS)



(COASTAL TV NETWORK)



(U.S. GOVERNMENT EVIDENCE)



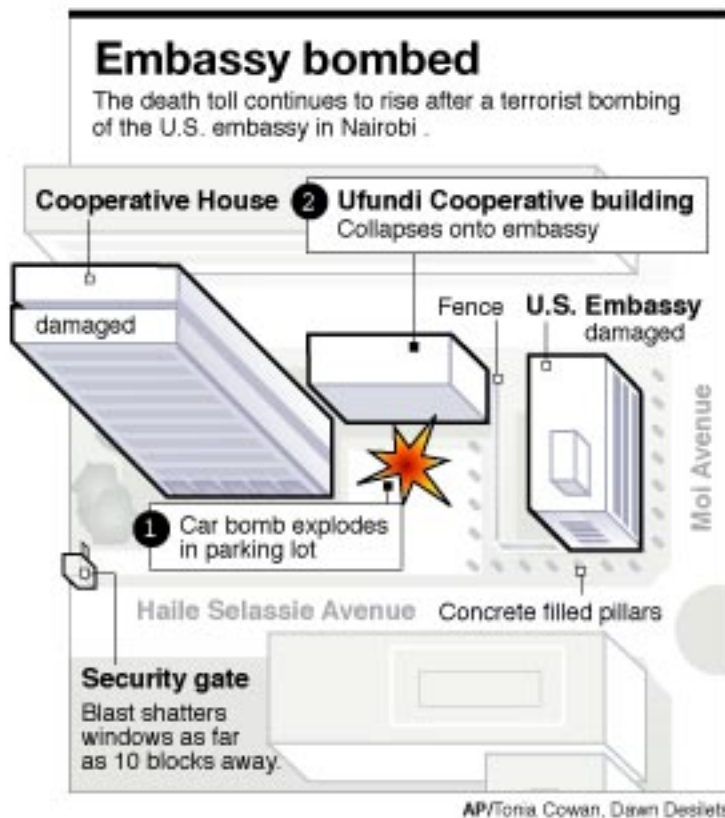
(REUTERS)



(U.S. GOVERNMENT EVIDENCE)



(U.S. GOVERNMENT EVIDENCE)





(AP PHOTO)





(AP TV)



(REUTERS)



(REUTERS)

















(U.S. GOVERNMENT EVIDENCE)







Emergency Medical Services [TOP](#)











(COURTESY WJLA)



(COURTESY WISN)



(AP Photo)



(COURTESY KTLA)

Fire [\[TOP\]](#)

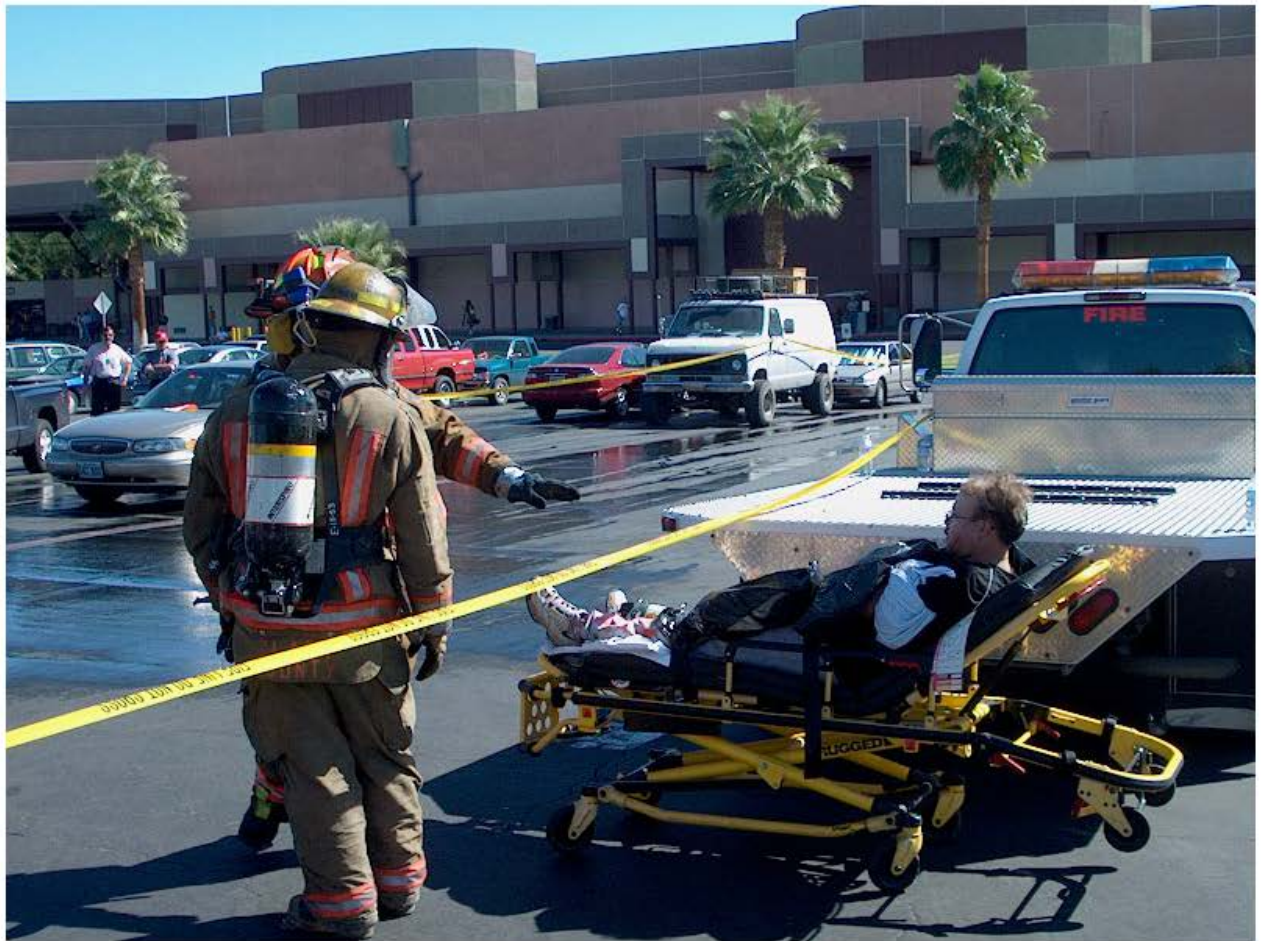
















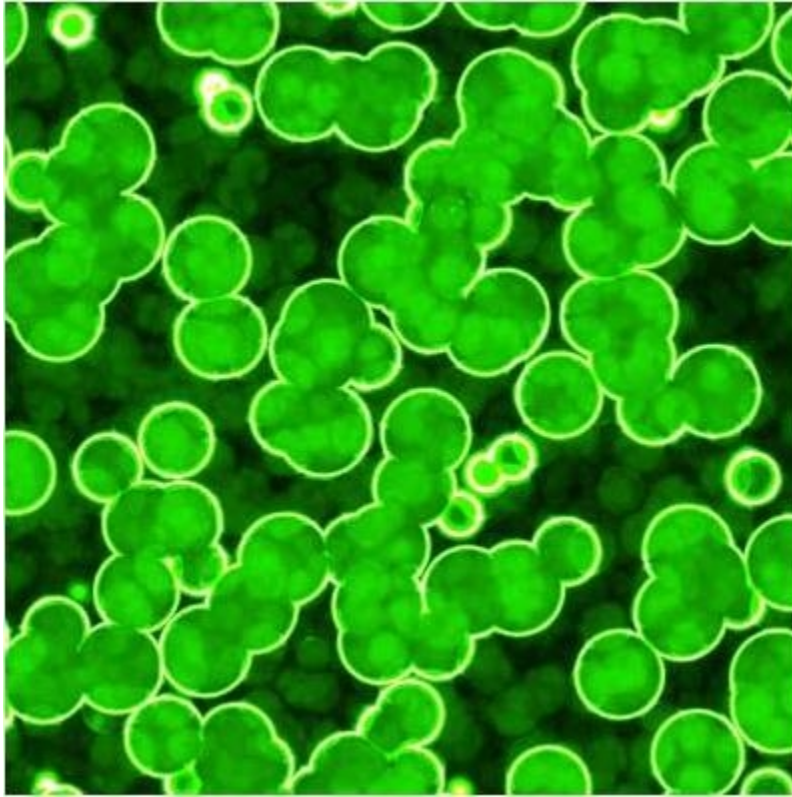


(AP PHOTO)



(AP PHOTO)

Hazardous Materials [\[TOP\]](#)







































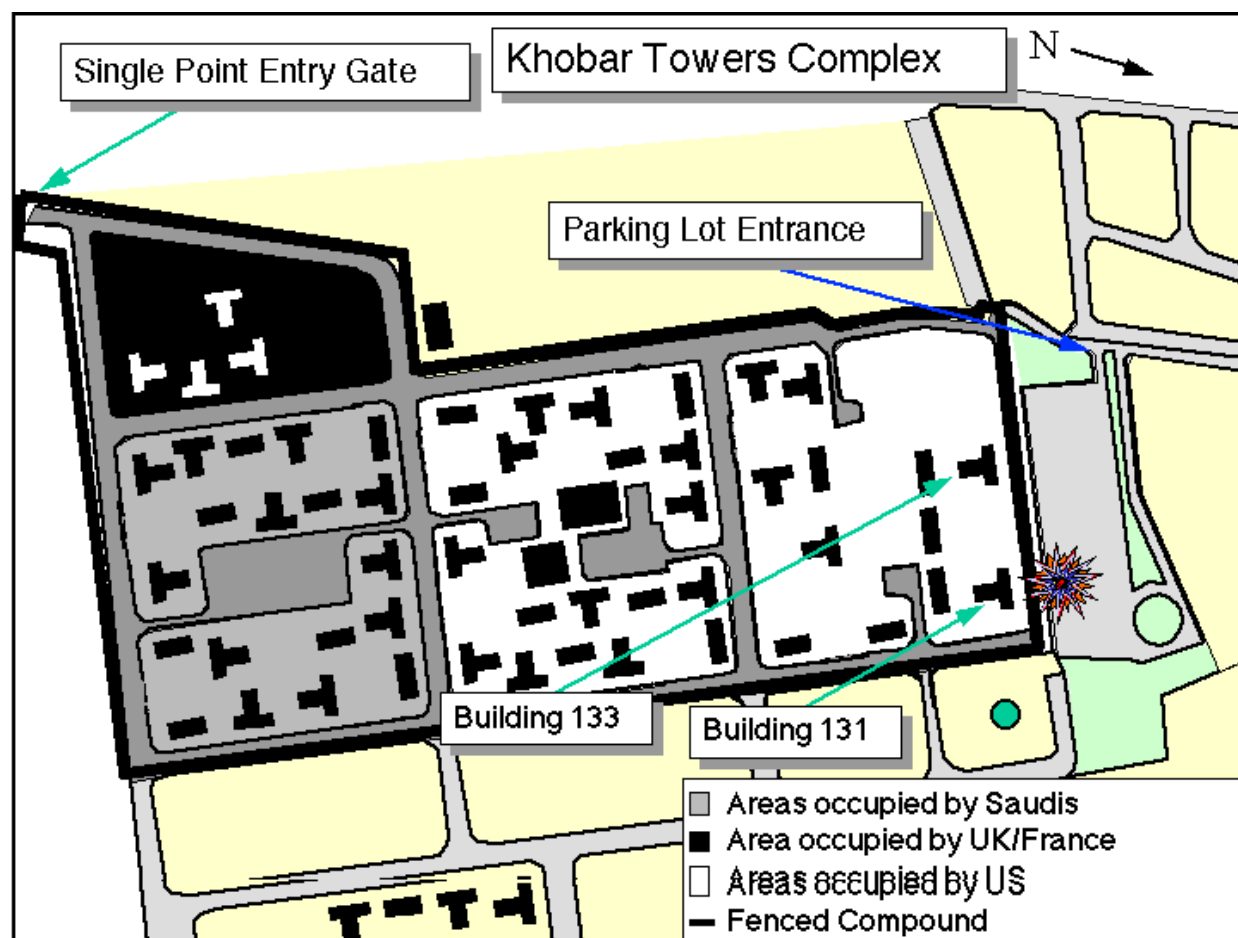
**Khobar Towers Incident** [\[TOP\]](#)















Law Enforcement [\[TOP\]](#)





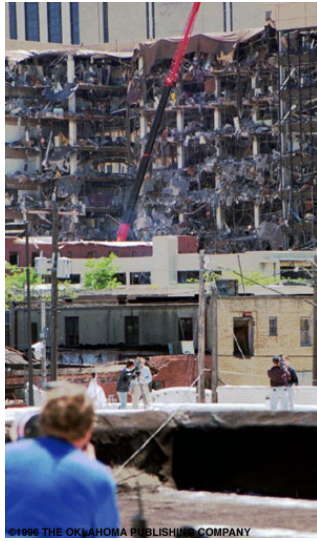




## Oklahoma City Bombing [\[TOP\]](#)













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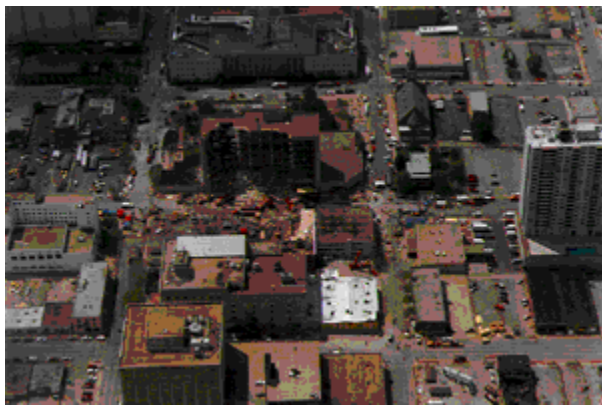
















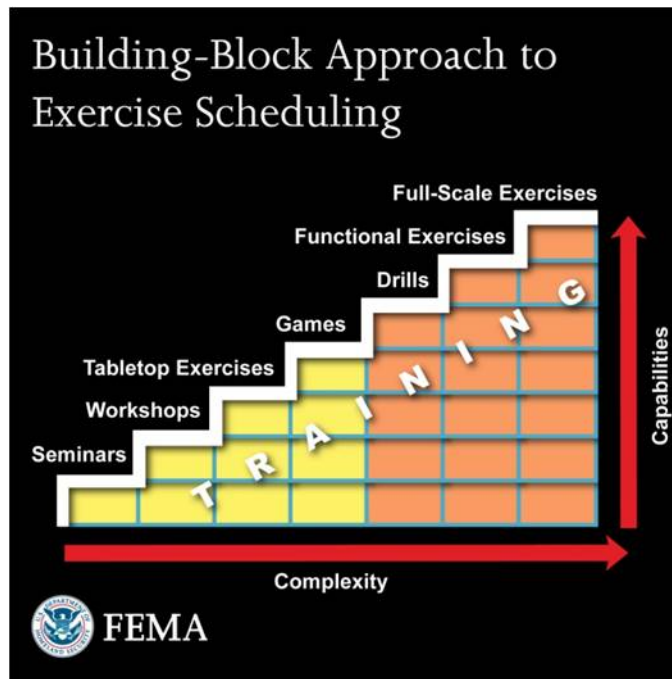






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Other [\[TOP\]](#)









HSEEP.DHS.GOV  
HSEEP@DHS.GOV

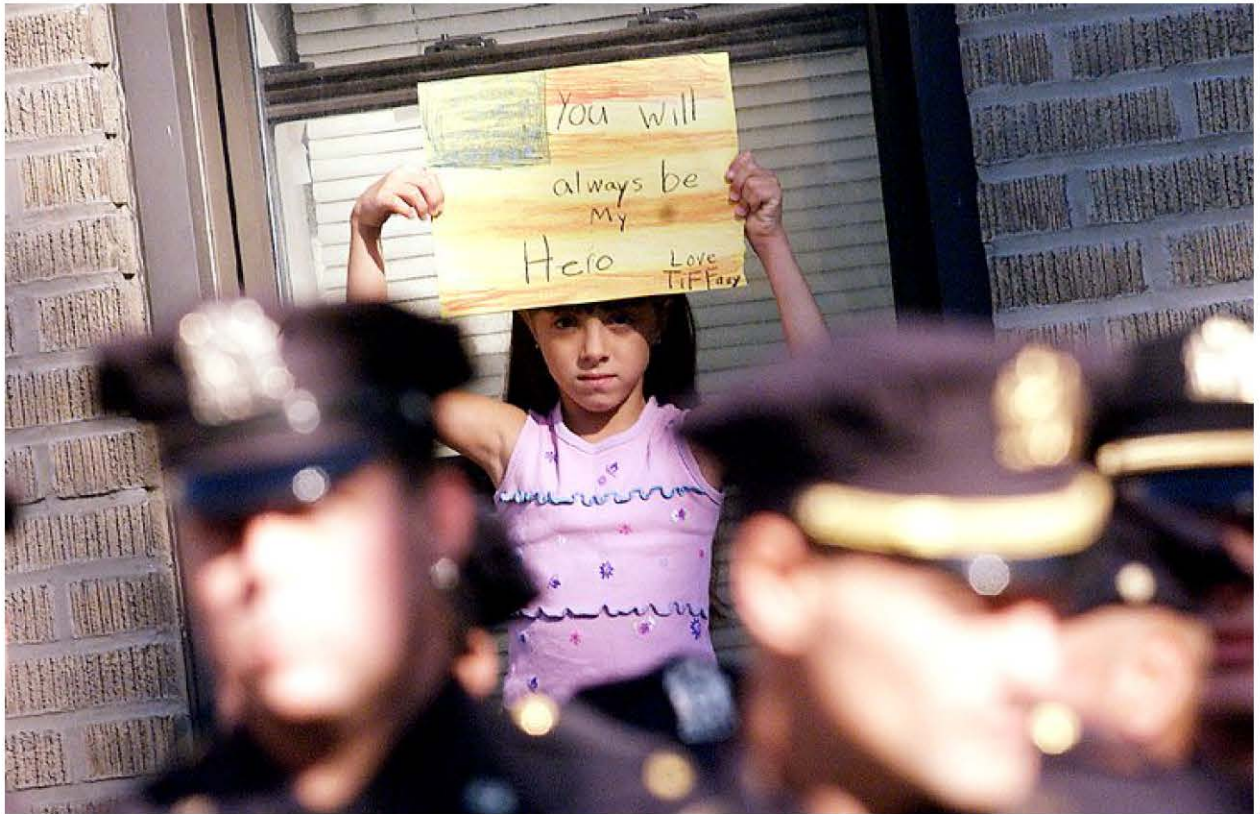








September 11, 2001 - One Year [\[TOP\]](#)











Stan Honda / AFP



Louie Lenczner / AP







Spencer Platt / Getty Images





Amy Sancetta / AP





Beth A. Keiser / AP



Emile Wamsteker / Bloomberg News via Matrix



## A Changed World





Timothy A. Clary / AFP





Dylan Martinez / Reuters

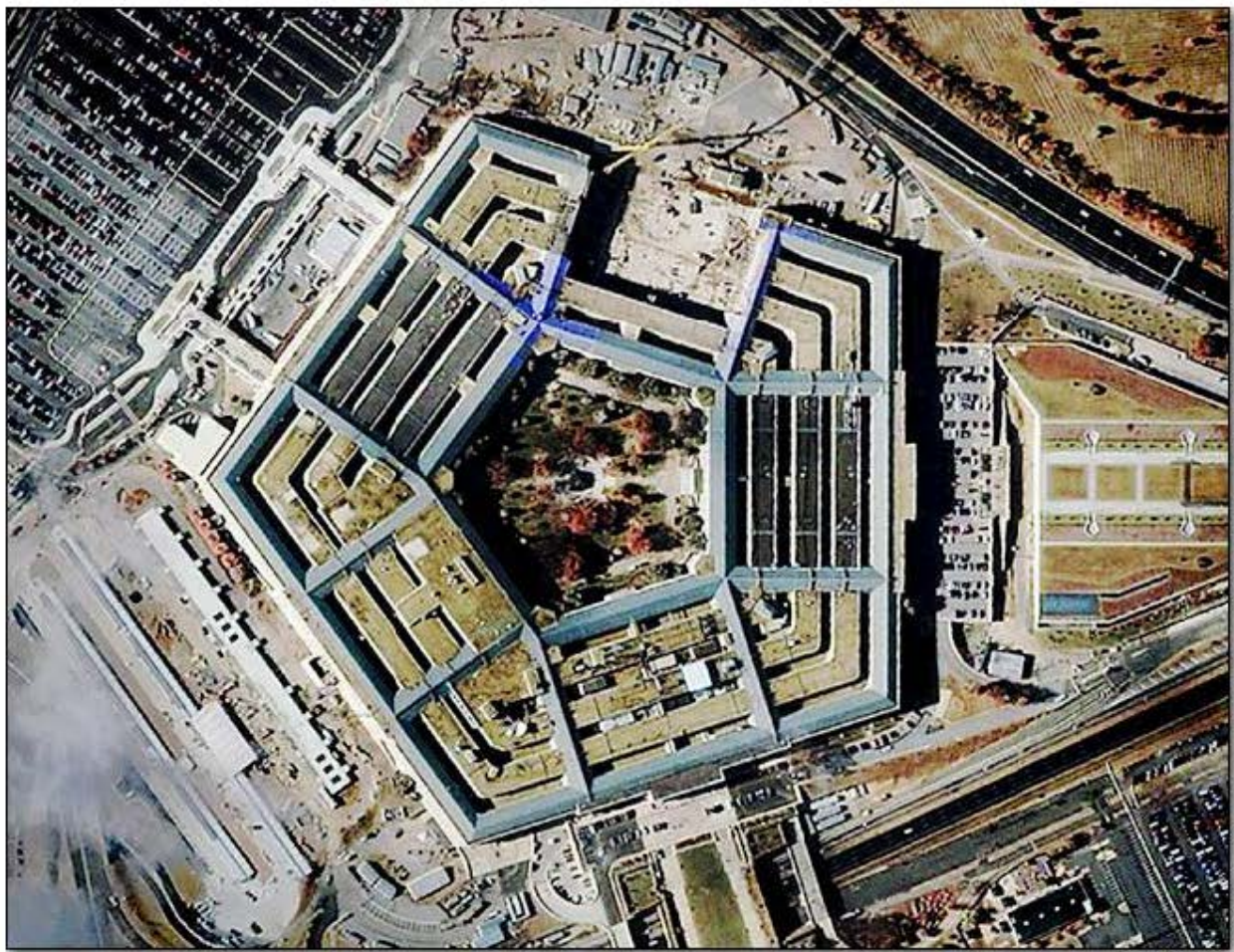


Paul Hanna / Reuters



(CNN)





space imaging





Apichart Weerawong / AP

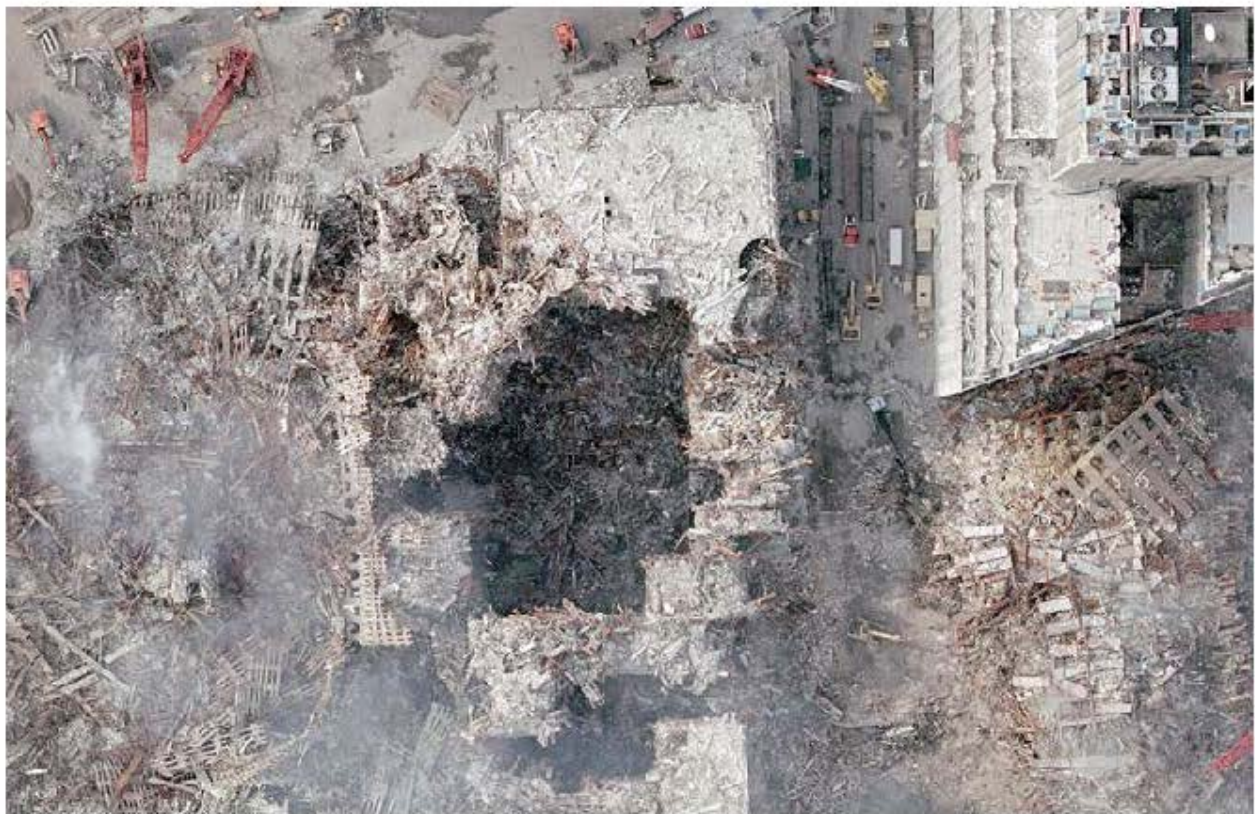


Mike Segar / Reuters





Darren McCollister / Getty Images







LM Otero / AP



(CNN)

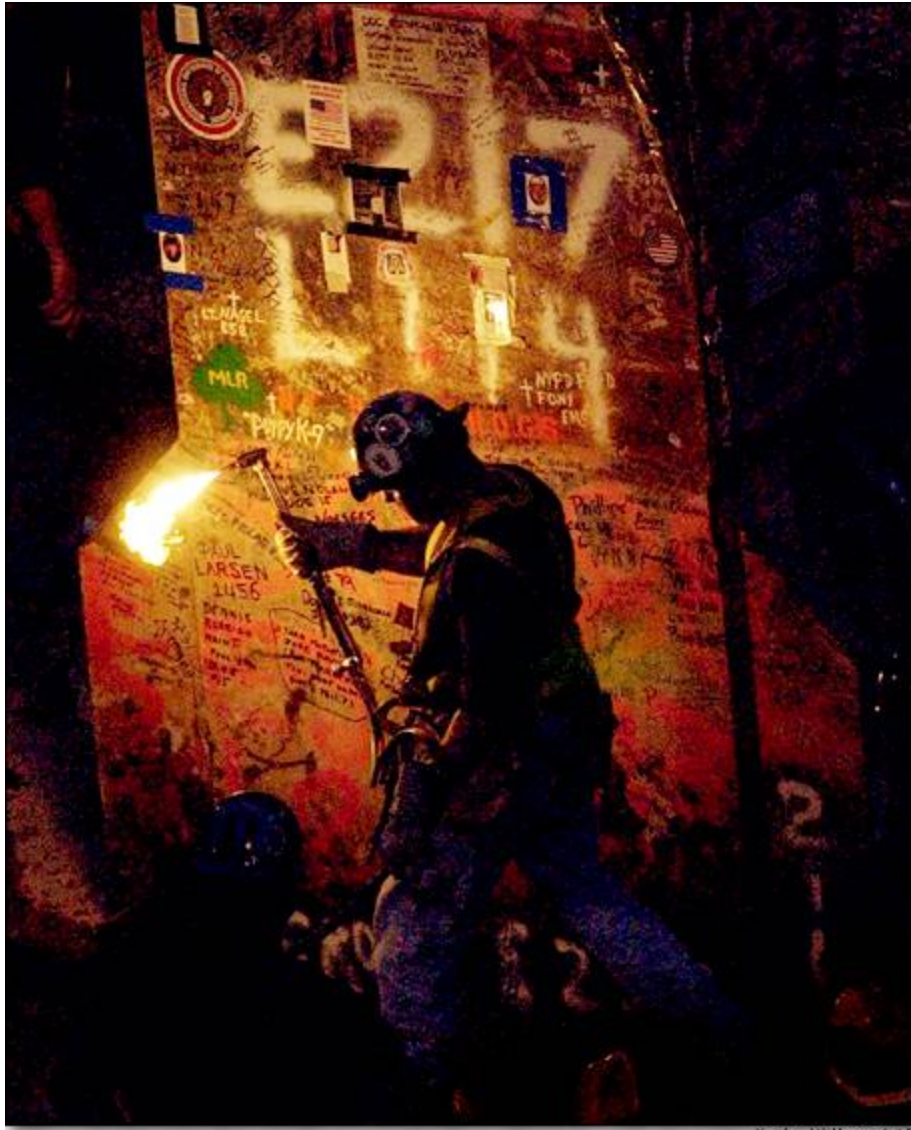


Beth A. Keiser / AP

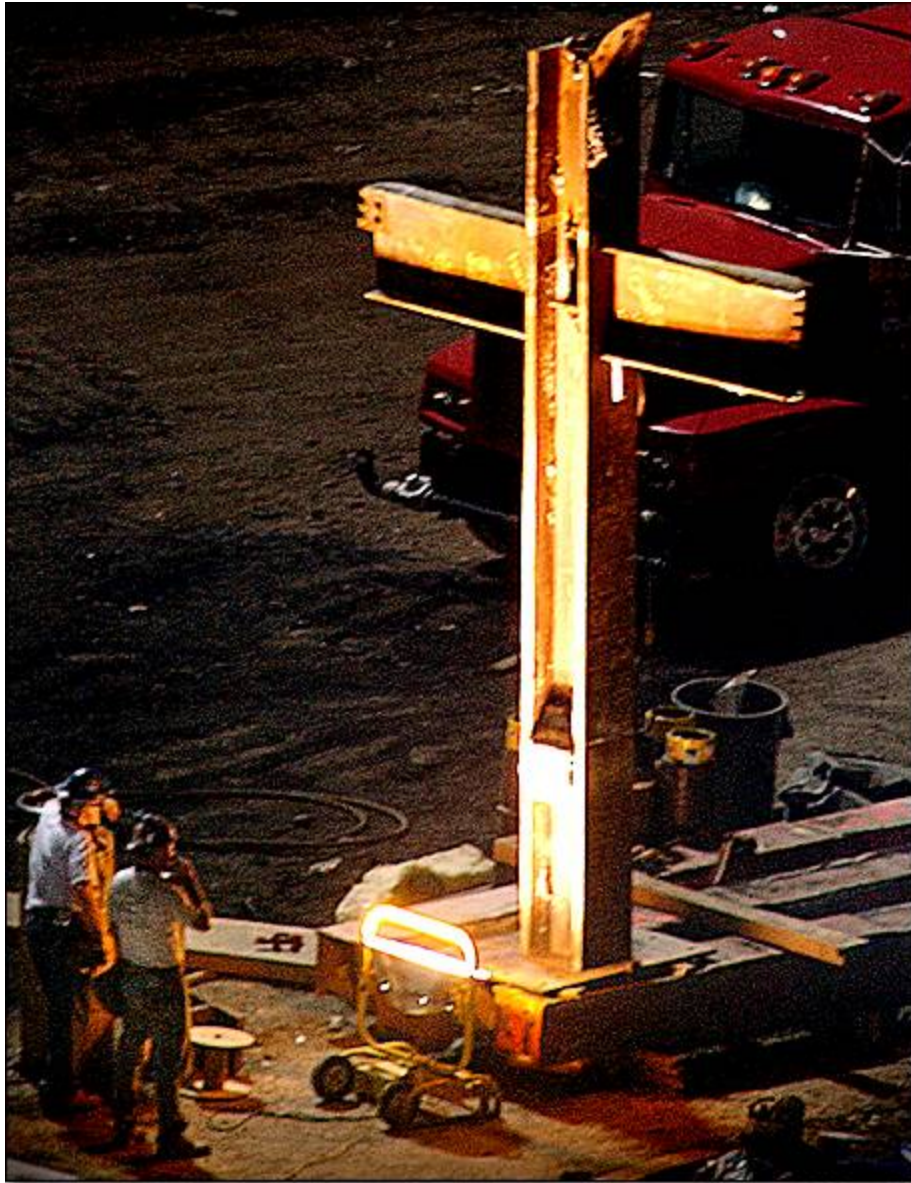




Beth A. Keiser / AP



Kathy Willens / AP



Ed Betz / AP





September 11, 2001 - Pennsylvania Site [\[TOP\]](#)





September 11, 2001 - Pentagon [\[TOP\]](#)





Larry Downing / Reuters





(WU SP)



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# ATTACK ON THE PENTAGON

## 'The whole building shook'

A hijacked Boeing 757 plane carrying 58 passengers crashed into the Pentagon Tuesday morning. About 20,000 military and civilian personnel work at the Pentagon, which covers 34 acres.

### River entrance

Area of offices for the highest Pentagon officials, including Secretary of Defense Donald H. Rumsfeld.

### Heliport entrance

The helipad is used by senior officials and President Bush. Before the attack, President Bush had been scheduled to land here and motorcade back to the White House.

Mall entrance

Metro Rail and Metro Bus entrance

South parking



### Hijacked plane

The plane was en route from Washington Dulles International Airport to Los Angeles. The plane was carrying 58 passengers, four flight attendants and two pilots. First built in 1978, the plane carries 178-239 passengers. It is 155 feet long and has a wing span of 124 feet.



SOURCE: Compiled from AP wire reports

AP





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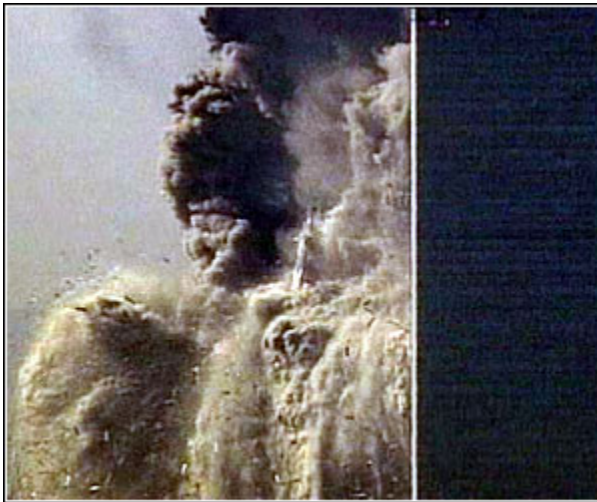


AP PHOTO



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September 11, 2001 - World Trade Center [\[TOP\]](#)







CNN Exclusive





































Amy Sancetta / AP







Spencer Platt / Getty Images















NBC News



Robert Giroux / Getty Images





Spencer Platt / Getty Images

























Shannon Stapleton / Reuters



# Homeland Security Exercise and Evaluation Program (HSEEP) Volume IV: Sample Documents and Formats (2006)

## Section 4 - References

The HSEEP Volume IV provides sample exercise documents, formats, multimedia files, and policy guidance for exercise planning. The following resources were archived on October 7, 2015 from: [https://web.archive.org/web/20090112224736/https://hseep.dhs.gov/hseep\\_vols/default1.aspx?url=home.aspx](https://web.archive.org/web/20090112224736/https://hseep.dhs.gov/hseep_vols/default1.aspx?url=home.aspx)

## References

### Acronyms

- HSEEP Acronym List

### Definitions

- HSEEP Glossary
- Biological Terms Glossary

### Exercise Training Courses

- Exercise Training Resources

### Federal Exercise Programs & Resources

- Resources to Implement HSEEP
- DHS Exercise Programs
- DHS Exercise Resources

### Agent/Hazard Information

- Biological Agents Summary Information
- Chemical Agents Chart



This document provides definitions for commonly used acronyms of the Homeland Security Exercise and Evaluation Program (HSEEP).

Acronym	Definition
AAC	After Action Conference
AAR	After Action Report
AHRQ	Agency for Healthcare Research and Quality
ASPR	Assistant Secretary for Preparedness and Response
C&O Meeting	Concept and Objectives Meeting
C/E Briefing	Controller and Evaluator Briefing
C/E Debriefing	Controller and Evaluator Debriefing
C/E Handbook	Controller and Evaluator Handbook
CAP	Corrective Action Program
CAS	Comprehensive Assessment System
CBRNE	chemical, biological, radiological, nuclear, and high-yield explosives
CDC	Centers for Disease Control and Prevention
CDP	Center for Domestic Preparedness
COG	continuity of government
ConPlan	Contingency Plan
COOP	continuity of operations
COP	common operating picture
COSIN	Control Staff Instructions
CPX	command post exercise
CSEPP	Chemical Stockpile Emergency Preparedness Program
CSID	Centralized Scheduling and Information Desk
CST	Civil Support Team
DDS	Design and Development System
DHS	U.S. Department of Homeland Security
DoD	U.S. Department of Defense
DOE	U.S. Department of Energy
DOJ	U.S. Department of Justice
DOT	U.S. Department of Transportation
EAA	Exercise Administrative Authority
EEG	Exercise Evaluation Guide
EMAC	Emergency Management Assistance Compact
EMI	Emergency Management Institute
EMS	emergency medical services
EMT	emergency medical technician



Acronym	Definition
EOC	Emergency Operations Center
EOD	explosive ordnance disposal
EOP	Emergency Operations Plan
EPA	U.S. Environmental Protection Agency
ESF	Emergency Support Function
EvalPlan	Evaluation Plan
ExPlan	Exercise Plan
FAA	Federal Aviation Administration
FBI	Federal Bureau of Investigation
FE	functional exercise
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
FPC	Final Planning Conference
FSE	full-scale exercise
FY	fiscal year
GPD	Grant Programs Directorate
HazMat	hazardous materials
HHS	U.S. Department of Health and Human Services
HIRA	Hazards Identification Risk Analysis
HSC	U.S. Homeland Security Council
HSEEP	Homeland Security Exercise and Evaluation Program
HS GP	Homeland Security Grant Program
HSIN	Homeland Security Information Network
HSPD	Homeland Security Presidential Directive
ICS	Incident Command System
IP	Improvement Plan
IPC	Initial Planning Conference
IPC	Interagency Policy Committee
IPS	Integrated Planning System
IPW	Improvement Planning Workshop
IS	Independent Study
ISEA	Information Sharing Environment Analysis
JAD	Joint Application Development
JTTF	Joint Terrorism Task Force
LLIS	Lessons Learned Information Sharing ( <i>llis.gov</i> )
MAA	mutual aid agreement
MACC	Multiagency Coordination Center





Acronym	Definition
MCC	Master Control Cell
MEPP	Master Exercise Practitioner Program
MIPT	Memorial Institute for the Prevention of Terrorism
MOA	memorandum of agreement
MOU	memorandum of understanding
MPC	Midterm Planning Conference
MSDS	Material Safety Data Sheet
MSEL	Master Scenario Events List
NCP	National Continuity Programs Directorate
NED	National Exercise Division
NEP	National Exercise Program
NESC	National Exercise Simulation Center
NEXS System	National Exercise Schedule System
NFA	National Fire Academy
NGO	nongovernmental organization
NIC	National Integration Center
NIMS	National Incident Management System
NLD DPP	Nunn-Lugar-Domenici Domestic Preparedness Program
NLE	national level exercise
NOAA	National Oceanic and Atmospheric Administration
NPD	National Preparedness Directorate
NRF	National Response Framework
NSEC	National Standard Exercise Curriculum
NSSE	National Special Security Event
NxMSEL	National Exercise Master Scenario Events List
PIO	Public Information Officer
PKEMRA	Post-Katrina Emergency Management Reform Act
PLE	principal level exercise
POC	point of contact
PPE	personal protective equipment
PPPA	Office of Preparedness Policy, Planning, and Analysis
ProFlow	procedural flow
RAMP	Remedial Action Management Program
REP Program	Radiological Emergency Preparedness Program
RESP	Regional Exercise Support Program
RRCC	Regional Response Coordination Center
RSP	render-safe procedures



Acronym	Definition
SAA	State Administrative Agency
SHSP	State Homeland Security Program
SimCell	Simulation Cell
SitMan	Situation Manual
SME	subject matter expert
SNS	Strategic National Stockpile
SOE	senior officials exercise
SOP	standard operating procedure
SSO	single sign-on
SWAT	Strategic Weapons and Tactics
TCL	Target Capabilities List
TEI	Training and Exercise Integration
TEP	Training and Exercise Plan
TEPW	Training and Exercise Planning Workshop
TOPOFF	Top Officials National Exercise Series
TPEP	Terrorism Prevention Exercise Program
TSA	Transportation Security Administration
TTX	tabletop exercise
UA	Universal Adversary
UASI	Urban Area Security Initiative
UCS	Unified Command System
USCG	United States Coast Guard
UTL	Universal Task List
VCC	Venue Control Cell
VTC	video teleconference
WMD	weapons of mass destruction



This document provides descriptions for many of the commonly-used terms of the Homeland Security Exercise Evaluation Program (HSEEP).

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A	
Term	Description
<b>Actionable-cause analysis</b>	Actionable-cause analysis occurs during the exercise data analysis stage. It is the source for an identified issue and action toward which an improvement is directed.
<b>actor</b>	An actor is a person who portrays victims in an exercise and is usually moulaged and given a symptomatology card to create realistic conditions for players. Actors are typically volunteer personnel and are used to simulate a specific role in an exercise. Actors are vital to the creation of a realistic scenario and can play a variety of roles. For example, actors can simulate victims of a disaster, civilians receiving prophylaxis, or friends and family of victims.
<b>actor briefing</b>	An actor briefing is generally conducted the morning of the exercise and provides actors with an overview of the exercise (e.g., schedule, safety information, actual emergency instructions, roles and responsibilities, acting instructions). Identification badges and/or symptomatology cards should be distributed before or during this briefing. If moulage is to be applied to actors, it should be completed before the briefing. Actor instructions or identification tags tell volunteers about any special considerations for the exercise.
<b>Administration/ Finance Section</b>	The Administration/Finance Section of the Exercise Planning Team provides grant management and administrative support throughout exercise development. This group is also responsible for the registration process and coordinates schedules for the Exercise Planning Team, the lead exercise planner, participating agencies, and the host community or communities.
<b>After Action Conference (AAC)</b>	The AAC is a meeting held between the lead evaluator, members of the evaluation team, and senior officials from the participating agencies and jurisdictions to debrief the exercise. The AAC provides a forum for jurisdiction officials to hear the results of the analysis and validate the findings and recommendations presented in the draft After Action Report (AAR). The initial Improvement Plan (IP) should also be developed at the AAC.
<b>After Action Report (AAR)</b>	The AAR presents observations and recommendations based on the data collection and analysis completed by the evaluation team. The lead evaluator and Exercise Planning Team draft the AAR and submit it to conference participants before the After Action Conference (AAC). The draft AAR is completed and distributed to conference participants for review no more than 30 days after exercise conduct.



A	
Term	Description
<b>After Action Report (AAR)/Improvement Plan (IP)</b>	The main product of the Evaluation and Improvement Planning process is the AAR/IP. The final AAR/IP is an outcome of the After Action Conference (AAC) and should be disseminated to participants no more than 60 days after exercise conduct. A list of corrective actions should be generated identifying what will be done to address the recommendations, the responsible agency or person, and the timeframe for implementation. Even though the AAR and IP are developed through different processes and perform distinct functions, the final AAR and IP should always be printed and distributed jointly as a single AAR/IP following an exercise.
<b>agent factsheet</b>	The agent factsheet contains specific information regarding the scenario agent or radiological source used in an exercise (e.g., anthrax, smallpox, cesium). Factsheets might include properties, symptoms, effects, lethality, transmissibility, decontamination, or prophylaxis methods. (Note: In a radiological scenario, an agent is called a "source.")
<b>analysis</b>	<p>Levels of analysis regarding exercises include:</p> <ul style="list-style-type: none"><li>• Integrated timeline analysis</li><li>• Capability-level analysis</li><li>• Exercise data analysis</li><li>• Root-cause analysis</li><li>• Task-level analysis</li><li>• Task-level performance analysis</li><li>• Mission-level performance analysis</li></ul> <p>Descriptions of the types of analysis can be found in the glossary under the appropriate first letter.</p>
<b>analytical red teaming</b>	In prevention exercises, analytical red teaming is a discussion-based technique used to employ an adversary's perspective to advance security by providing an alternative view of threats, vulnerabilities, and countermeasures.
<b>assembly area</b>	The assembly area is the gathering place for deployable resources (e.g., fire engines and police vehicles) before the start of an operations-based exercise. The assembly area simulates each department or agency's home station or office. The assembly area provides a safer and more controlled environment than deploying apparatus from each agency's home station. To realistically simulate the response from the agency's home station or office, response times should be collected for each unit so that they can be appropriately released from the assembly area after they have been dispatched. The assembly area should not be confused with the staging area established by Incident Command during exercise play.
<b>assembly area controller</b>	The assembly area controller is responsible for the logistical organization of the assembly area, including placement locations for units and coordination of exit patterns for dispatched units.
<b>attack tree</b>	The attack tree is a tool used during prevention exercises that provides the Exercise Planning Team with a visual representation of the anticipated and potential paths an adversary can take to execute an attack. It is useful for both planning and evaluating exercises.



B	
Term	Description
<b>base of support</b>	Base of support is a concept of support or approval from the appropriate senior officials and/or private-sector executive level for the conduct of an exercise or execution of an exercise program. Establishing this base of support indicates that an exercise's purpose and objectives are concurrent with strategic and organizational goals and objectives.
<b>best practices</b>	Best practices are peer-validated techniques, procedures, and solutions that prove successful and are solidly grounded in actual experience in operations, training, and exercises. After Action Report (AAR)/Improvement Plans (IPs) should identify lessons learned and highlight best practices. Many of these can be found on <a href="http://www.llis.gov">www.llis.gov</a> , the U.S. Department of Homeland Security (DHS) portal for lessons learned and best practices.
<b>Blue Team</b>	In prevention exercises, the Blue Team consists of briefed players and other organizations and agencies participating in a prevention-focused exercise that are not part of the Red Team. (See also: friendly force.)
<b>building-block approach</b>	The building-block approach focuses on exposing participants to a cycle of training and exercises that escalates in complexity, with each exercise designed to build on the last in terms of scale and subject matter. For example, a building-block series of exercises may include a seminar, which leads to a tabletop exercise (TTX), which leads to a full-scale exercise (FSE).



C	
Term	Description
<b>capabilities-based planning</b>	Capabilities-based planning is defined as planning, under uncertainty, to build capabilities suitable for a wide range of threats and hazards while working within an economic framework that necessitates prioritization and choice. It addresses uncertainty by analyzing a wide range of realistic scenarios to identify required capabilities, and it is the basis for guidance such as the National Preparedness Guidelines, Target Capabilities List (TCL), and Universal Task List (UTL).
<b>capability</b>	A capability may be delivered with any combination of properly planned, organized, equipped, trained, and exercised personnel who achieve the intended outcome. Descriptions of these combinations can be found in the Target Capabilities List (TCL) for each capability. This combination of resources provides the means to accomplish one or more tasks under specific conditions and meet specific performance standards.
<b>capability-level analysis</b>	Capability-level analysis assesses whether the participants, as a whole, achieved the expected capability outcomes.
<b>Chemical Stockpile Emergency Preparedness Program (CSEPP)</b>	The CSEPP was developed to safeguard against increased hazards associated with critical infrastructure and hazardous materials. It contributed to the development of the HSEEP evaluation methodology.
<b>Command Staff</b>	The Command Staff section of the Exercise Planning Team is responsible for coordinating all exercise planning activities. Within this group is the lead exercise planner, who assigns exercise activities and responsibilities, provides guidance, establishes timelines, and monitors the development process. The safety controller and liaison coordinator report directly to the lead exercise planner.
<b>Concept and Objectives (C&amp;O) Meeting</b>	The C&O Meeting is the formal beginning of the exercise planning process. It is held to obtain consensus on the already-identified type, scope, capabilities, objectives, and purpose of the exercise. For less complex exercises and for jurisdictions or organizations with limited resources, the C&O Meeting can be conducted in conjunction with the Initial Planning Conference (IPC). However, when exercise scope dictates, the C&O Meeting is held first. Representatives from the sponsoring agency or organization, the lead exercise planner, and senior officials typically attend the C&O Meeting to identify an overall exercise goal, develop rough drafts of exercise capabilities and objectives, and identify Exercise Planning Team members.
<b>contextual inject</b>	A controller introduces a contextual inject to a player to help build the exercise operating environment. For example, if the exercise is designed to test information-sharing capabilities, a Master Scenario Events List (MSEL) inject can be developed to direct a controller to select an actor to portray a suspect. The inject could then instruct the controller to prompt another actor to approach a law enforcement officer and inform him or her that this person was behaving suspiciously.



C	
Term	Description
<b>contingency inject</b>	A controller verbally introduces a contingency inject to a player if players are not performing the actions needed to sustain exercise play. This ensures that play moves forward as needed to adequately test performance of activities. For example, if a simulated secondary device is placed at an incident scene during a terrorism response exercise, but is not discovered, a controller may want to prompt an actor to approach a player to say that he or she witnessed suspicious activity close to the device's location. This should prompt the discovery of the device by the responder and result in subsequent execution of the desired notification procedures.
<b>Control Staff Instructions (COSIN)</b>	The COSIN, typically only used in larger, more complex exercises (e.g., national level exercises [NLEs]), contain guidance that controllers may need concerning procedures and responsibilities for exercise control, simulation, and support. The COSIN are designed to help exercise controllers understand their roles and responsibilities in exercise execution to conduct an effective exercise. For most exercises, however, the COSIN can be combined with an Evaluation Plan (EvalPlan) to produce a Controller and Evaluator (C/E) Handbook.
<b>Controller and Evaluator (C/E) Briefing</b>	The C/E Briefing is a preexercise overview for controllers, evaluators, and the exercise administrative staff. The briefing summarizes the C/E Handbook (or the Control Staff Instructions [COSIN] and Evaluation Plan [EvalPlan]) and focuses on explaining the roles and responsibilities of controllers and evaluators. This is the time where any changes in the exercise are addressed and final questions are answered. It is generally 1 to 2 hours in length and is conducted the day before an operations-based exercise.
<b>Controller and Evaluator (C/E) Debriefing</b>	The C/E Debriefing provides each controller and evaluator with an opportunity to provide an overview of the functional area they observed and to discuss both strengths and areas for improvement. The lead evaluator should assign one or more members of the evaluation team to take detailed notes of the C/E Debriefing discussion.
<b>Controller and Evaluator (C/E) Handbook</b>	The C/E Handbook is an exercise overview and instructional manual for controllers and evaluators. A supplement to the Exercise Plan (ExPlan), it contains more detailed information about the scenario and describes controller and evaluator roles and responsibilities. Because the C/E Handbook contains information on the scenario and exercise administration, it should be distributed only to individuals specifically designated as controllers or evaluators. Larger, more complex exercises may use a separate Evaluation Plan (EvalPlan) and Control Staff Instructions (COSIN) in place of the C/E Handbook.





C	
Term	Description
<b>controllers</b>	<p>In an operations-based exercise, controllers plan and manage exercise play, set up and operate the exercise incident site, and may take the roles of individuals and agencies not actually participating in the exercise (i.e., in the Simulation Cell [SimCell]). Controllers direct the pace of exercise play and routinely include members from the Exercise Planning Team, provide key data to players, and may prompt or initiate certain player actions and injects to the players as described in the Master Scenario Events List (MSEL) to ensure exercise continuity.</p> <p>Individual controllers issue exercise materials to players as required, monitor the exercise timeline, and monitor the safety of all exercise participants. Controllers are the only participants who should provide information or direction to players. The control team may include subject matter experts. All controllers should be accountable to one senior controller. If conducting an exercise requires more controllers or evaluators than are available, a controller may serve as an evaluator; however, this is typically discouraged.</p>
<b>corrective action</b>	<p>Corrective actions are the concrete, actionable steps outlined in an Improvement Plan (IP) that are intended to resolve preparedness gaps and shortcomings experienced in exercises or real-world events.</p>
<b>Corrective Action Program (CAP)</b>	<p>Under HSEEP, each department and agency must maintain a system for identifying issues to be remedied, make assignments to resolve the issues, and track progress on issue resolution. A CAP continuously prioritizes, tracks, and analyzes observations and recommendations recorded in the After Action Report (AAR)/Improvement Plan (IP) as a result of exercises and real-world events and develops and resolves resulting corrective actions. A CAP ensures that IPs are living documents, continually monitored and implemented, and part of the larger cycle of improving preparedness.</p>
<b>Corrective Action Program (CAP) System</b>	<p>The CAP System is part of the HSEEP Toolkit. It is a Web-based application that enables Federal, State, and local officials to identify, prioritize, track, and analyze the recommendations and Improvement Plans (IPs) developed from exercises and real-world events. Features of the CAP System include IP creation and maintenance, corrective action assignment and tracking, and reporting and analysis. The CAP System is the technological backbone for the improvement planning process described in HSEEP Volume III: Exercise Evaluation and Improvement Planning.</p>
<b>critical path</b>	<p>This exercise planning and evaluation tool is the map of both the expected and actual Blue Team and Red Team moves and countermoves throughout the course of a prevention exercise.</p>
<b>critical task</b>	<p>Critical tasks are defined as those prevention, protection, response, and recovery tasks that require coordination among an appropriate combination of Federal, State, tribal, local, private-sector, and nongovernmental entities during a major incident to minimize the impact on lives, property, and the economy. Participants must perform critical tasks to prevent occurrence of a major incident, respond and reduce loss of life or serious injuries, or mitigate significant property damage, all of which are essential to the success of a homeland security mission.</p>
<b>cross-functional analysis</b>	<p>This type of analysis identifies areas for improvement by comparing the observations from different locations and functions.</p>





C	
Term	Description
<b>cycle, mix, and range of exercises</b>	This cycle of exercise activity uses increasing degrees of complexity. (See “building-block approach” for more information.)



D	
Term	Description
<b>debrief</b>	A debrief is a forum for planners, facilitators, controllers, and evaluators to review and provide feedback after the exercise is held. It should be a facilitated discussion that allows each person an opportunity to provide an overview of the functional area they observed and document both strengths and areas for improvement. Debriefs should be facilitated by the Exercise Planning Team leader or the exercise program manager; results should be captured for inclusion in the After Action Report (AAR)/Improvement Plan (IP). Other debriefs may be held as necessary, such as one specifically for hospitals or actors during an operations-based exercise. A debrief is different from a Hot Wash, in that a Hot Wash is intended to capture feedback from players.
<b>deconfliction</b>	Deconfliction is the comparison of schedules to resolve scheduling conflicts. In HSEEP, this is a critical element of the National Exercise Schedule (NEXS) and is facilitated by the NEXS System in the HSEEP Toolkit.
<b>design and development</b>	Building on the exercise foundation, the design and development process should consist of identifying capabilities, tasks, and objectives; designing the scenario; creating documentation; coordinating logistics; planning exercise conduct; and selecting an evaluation and improvement methodology.
<b>Design and Development System (DDS)</b>	The DDS is part of the HSEEP Toolkit. It is a project management tool and comprehensive tutorial for the design, development, conduct, and evaluation of exercises. The DDS provides users with the appropriate templates and guidance for developing timelines, planning teams, and exercise documentation (e.g., Situation Manuals [SitMans], Exercise Plans [ExPlans]).
<b>discussion-based exercise</b>	Discussion-based exercises are normally used as a starting point in the building-block approach to the cycle, mix, and range of exercises. Discussion-based exercises include seminars, workshops, tabletop exercises (TTXs), and games. These types of exercises typically highlight existing plans, policies, mutual aid agreements (MAAs), and procedures and are exceptional tools to familiarize agencies and personnel with current or expected jurisdictional capabilities. Discussion-based exercises typically focus on strategic, policy-oriented issues, whereas operations-based exercises tend to focus more on tactical, response-related issues. Facilitators and/or presenters usually lead the discussion and keep participants on track to meet exercise objectives.
<b>drill</b>	A drill, a type of operations-based exercise, is a coordinated, supervised activity usually used to test a single specific operation or function in a single agency. Drills are commonly used to provide training on new equipment, develop or test new policies or procedures, or practice and maintain current skills.



E	
Term	Description
<b>Emergency Operations Center (EOC)</b>	An EOC is a central command and control facility responsible for carrying out the principles of emergency preparedness and emergency management or disaster management functions at a strategic level in an emergency situation and ensuring the continuity of operations (COOP) of a company, political subdivision, or other organization. It is responsible for the strategic overview of the disaster and does not normally directly control field assets, instead making operational decisions and leaving tactical decisions to lower commands. EOCs collect, gather, and analyze data; make decisions that protect life and property; maintain continuity of the organization within the scope of applicable laws; and disseminate those decisions to all concerned agencies and individuals.
<b>evaluation</b>	One of the five phases of the exercise process, evaluation is the cornerstone of exercises; it documents strengths and opportunities for improvement in a jurisdiction's preparedness and is the first step in the improvement process. Under HSEEP, evaluations are conducted through player observation and the use of Exercise Evaluation Guides (EEGs), which outline exercise performance measures expected from participants.
<b>Evaluation Plan (EvalPlan)</b>	The EvalPlan is typically used for operations-based exercises of a large scope and scale. This document provides specific guidance to exercise evaluators, including an exercise synopsis. It is published and distributed before the start of the exercise. The EvalPlan assists exercise evaluators to understand their roles and responsibilities in data collection and evaluation to conduct an effective analysis of the exercise. For most exercises, however, the EvalPlan can be combined with Control Staff Instructions (COSIN) to produce a Controller and Evaluator (C/E) Handbook.
<b>evaluation team</b>	The evaluation team consists of evaluators trained to observe and record participant actions. These individuals should be familiar with the exercising jurisdiction's plans, policies, procedures, and agreements.
<b>evaluator</b>	Evaluators, selected from participating agencies, are chosen based on their expertise in the functional areas they will observe. Evaluators use Exercise Evaluation Guides (EEGs) to measure and assess performance, capture unresolved issues, and analyze exercise results. Evaluators assess and document participants' performance against established emergency plans and exercise evaluation criteria, in accordance with HSEEP standards. Evaluators have a passive role in the exercise and only note the actions and decisions of players without interfering with exercise flow.
<b>event</b>	Within the Master Scenario Events List (MSEL), an event is an expected action that is anticipated to take place during an exercise.
<b>exercise</b>	An exercise is an instrument to train for, assess, practice, and improve performance in prevention, protection, response, and recovery capabilities in a risk-free environment. Exercises can be used for testing and validating policies, plans, procedures, training, equipment, and interagency agreements; clarifying and training personnel in roles and responsibilities; improving interagency coordination and communications; identifying gaps in resources; improving individual performance; and identifying opportunities for improvement.



E	
Term	Description
<b>Exercise Administrative Authority (EAA)</b>	An EAA is a role in the National Exercise Schedule (NEXS) System. EAAs have authority over exercises, organizations, and users within their area of responsibility or scheduling domain. EAAs can create and modify exercises, organizations, and schedulers in the NEXS System. EAAs have visibility into any exercises that have been submitted or approved on the calendar within the purview of their scheduling domain. An EAA is the only one who can approve an exercise for inclusion on the NEXS calendar.
<b>exercise data analysis</b>	Exercise data analysis is consolidated and transformed into narratives that address the course of exercise play, demonstrated strengths, areas for improvement, and performance ratings appropriate for inclusion in the After Action Report (AAR)/Improvement Plan (IP). Because operations-based exercises yield greater amounts of data, operations-based exercises require more thorough and involved data analysis than do discussion-based exercises.
<b>exercise director</b>	The exercise director oversees all exercise functions during exercise conduct, oversees and remains in contact with controllers and evaluators, debriefs controllers and evaluators following the exercise, and oversees setup and cleanup of exercise and positioning of controllers and evaluators.
<b>Exercise Evaluation Guide (EEG)</b>	EEGs are documents that support the exercise evaluation process by providing evaluators with consistent standards for observation, analysis, and After Action Report (AAR) development. Each EEG is linked to a target capability and provides standard activities, performance measures, and tasks to be evaluated based on the exercise objectives. An EEG contains a capability narrative section in which evaluators provide a general chronological narrative of exercise events associated with the capability as well as an evaluator observations section in which evaluators provide specific strengths and areas of improvement linked to the capability.  The consistent guidelines provided in EEGs facilitate creation of AAR/Improvement Plans (IPs) and result in actionable IPs that target specific personnel, planning, organization, equipment, and training needs within capabilities.
<b>Exercise Plan (ExPlan)</b>	ExPlans are general information documents that help operations-based exercises run smoothly. They are published and distributed before the start of an exercise and provide a synopsis of the exercise. In addition to addressing the exercise objectives and scope, ExPlans assign activities and responsibilities for exercise execution. They enable participants to understand their roles and responsibilities in exercise planning, execution, and evaluation. The ExPlan is intended for use by exercise players and observers, and it does not contain detailed scenario information that may reduce the realism of the tasks to be performed. Players and observers should review all elements of the ExPlan before exercise participation.



E	
Term	Description
<b>Exercise Planning Team</b>	<p>The Exercise Planning Team is responsible for all aspects of an exercise, including exercise planning, conduct, and evaluation. The Exercise Planning Team determines exercise capabilities, tasks, and objectives; tailors the scenario to jurisdictional needs; and develops documents used in exercise simulation, control, and evaluation. The Exercise Planning Team should be comprised of representatives from each major participating jurisdiction and agency but should be kept to a manageable size. Membership can be modified to fit the type or scope of an exercise. It may be advantageous to include team members with previous exercise planning experience. Exercise Planning Team members are ideal for controller and evaluator positions during the exercise because advanced scenario knowledge renders them ineligible to participate as players. A lead exercise planner manages the Exercise Planning Team, which can be structured using the principles of the Incident Command System (ICS) into the following sections:</p> <ul style="list-style-type: none"><li>• Administration/Finance</li><li>• Command Staff</li><li>• Logistics</li><li>• Operations</li><li>• Planning</li></ul>
<b>exercise planning timeline</b>	The exercise planning timeline ensures that milestones are met to conduct exercises on schedule.
<b>exercise play area</b>	The exercise play area is the site or facility where the bulk of tactical player activities and tasks are demonstrated during an operations-based exercise.
<b>exercise play rules</b>	Exercise play rules are the parameters that exercise participants follow during the exercise. Exercise play rules describe appropriate exercise behavior, particularly in the case of real-world emergencies.
<b>exercise program management</b>	Exercise program management consists of the functions required for a jurisdiction or entity to sustain a variety of exercises targeted toward preparedness priorities. Program management functions cyclically, and this cycle includes exercises at increasing levels of complexity and annual reviews of program objectives to ensure objectives are being met. It includes project management, budgeting, grant management, staff hiring, funding allocation, and expenditure tracking.
<b>exercise program manager</b>	The exercise program manager develops a self-sustaining exercise program through program budget management oversight, exercise conduct, and improvement tracking monitoring and reporting.
<b>exercise series</b>	This cycle includes exercises held at increasing levels of complexity and annual reviews of program objectives to ensure objectives are met. Multiple exercises are designed in sequence using the building-block approach, aimed at achieving a greater capability (e.g., a seminar leads to a tabletop exercise [TTX], which leads to a functional exercise [FE]).
<b>exercise setup</b>	Exercise setup involves prestaging and dispersal of exercise materials. It includes registration materials, documentation, signage, and other equipment, as appropriate.



E	
Term	Description
<b>expected action event</b>	An expected action event serves as a holding place in the Master Scenario Events List (MSEL) and notifies controllers of when an expected action should occur.



F	
Term	Description
<b>facilitated discussion</b>	A facilitated discussion is the focused discussion of specific issues through a facilitator with functional area or subject matter expertise. Facilitated group discussions occur at individual tables organized by discipline or agency/organization. Facilitated discussions take place before moderated discussions.
<b>facilitator</b>	During a discussion-based exercise, the facilitator is responsible for keeping participant discussions on track with the exercise design objectives and making sure all issues and objectives are explored as thoroughly as possible within time constraints.
<b>Final Planning Conference (FPC)</b>	The FPC is the final forum for the Exercise Planning Team to review the process and procedures for exercise conduct, final drafts of exercise materials, and logistical requirements. There should be no major changes made to the exercise's design, scope, or supporting documentation at the FPC. The FPC ensures all logistical requirements have been arranged, all outstanding issues have been identified and resolved, and all exercise products are ready for printing.
<b>For Official Use Only (FOUO)</b>	FOUO is the term used within the U.S. Department of Homeland Security (DHS) to identify unclassified information of a sensitive nature, not otherwise categorized by statute or regulation, the unauthorized disclosure of which could adversely affect a person's privacy or welfare or conduct of Federal programs or other programs or operations essential to the national interest. Information affecting the national security of the United States and classified Confidential, Secret, or Top Secret under Executive Order 12958, "Classified National Security Information," as amended, or its predecessor or successor orders, is not to be considered FOUO.
<b>foundation</b>	Foundation is the first stage in the exercise process, preceding the Design and Development stage. The Foundation stage focuses on developing a project management timeline, establishing milestones, identifying an Exercise Planning Team, and scheduling planning conferences.
<b>friendly force</b>	In prevention exercises, all State and local law enforcement and other non-Red-Team-designated organizations and agencies (e.g., security forces) are considered friendly forces or Blue Team.
<b>full-scale exercise (FSE)</b>	An FSE is a multiagency, multijurisdictional activity involving actual deployment of resources in a coordinated response as if a real incident had occurred. An FSE tests many components of one or more capabilities within emergency response and recovery and is typically used to assess plans and procedures and a coordinated response under crisis conditions. Characteristics of an FSE include mobilized units, personnel, and equipment; a realistic, stressful environment; and scripted exercise scenarios.
<b>functional exercise (FE)</b>	An FE is a single or multiagency activity designed to evaluate capabilities and multiple functions using a simulated response. An FE is typically used to evaluate the management of Emergency Operations Centers (EOCs), command posts, and headquarters and to assess the adequacy of response plans and resources. Characteristics of an FE include simulated deployment of resources and personnel, rapid problem solving, and a highly stressful environment.



G	
Term	Description
<b>game</b>	A game is a simulation of operations using rules, data, and procedures designed to depict an actual or assumed real-life situation. A game is typically used to explore the processes and consequences of decisionmaking, conduct “what if” analyses of existing plans, and develop new plans. A game often involves two or more teams in a competitive environment and increasingly includes models and simulations. Games do not involve the use of actual resources. Games are discussion-based exercises.
<b>ground truth</b>	Ground truth is a component of prevention exercise documentation comprised of the detailed elements of the scenario that must remain consistent during exercise development and be conducted to ensure that realism is maintained and objectives are met in the unscripted move–countermove exercise environment.
<b>ground truth advisor</b>	In prevention exercises, the ground truth advisor tracks how the moves and countermoves of the adversary (notional and Red Team) and players (e.g., law enforcement, intelligence analysts, private industry) change the fabric of the exercise environment, potentially creating additional elements of the ground truth but never detracting from it.





H	
Term	Description
<b>Homeland Security Council (HSC)</b>	The HSC is a White House entity that ensures coordination of all homeland security-related activities among executive departments and agencies and promotes effective development and implementation of all homeland security policies.
<b>Homeland Security Exercise and Evaluation Program (HSEEP)</b>	HSEEP is a capabilities- and performance-based exercise program that provides standardized policy, doctrine, and terminology for the design, development, conduct, and evaluation of homeland security exercises. HSEEP also provides tools and resources to facilitate management of self-sustaining homeland security exercise programs.
<b>Homeland Security Presidential Directive 5 (HSPD-5)</b>	HSPD-5, an executive branch-issued policy, required the U.S. Department of Homeland Security (DHS) to coordinate with other Federal departments and agencies—as well as State, local, and tribal governments—to establish the National Response Framework (NRF) and National Incident Management System (NIMS).
<b>Homeland Security Presidential Directive 8 (HSPD-8)</b>	HSPD-8, an executive branch-issued policy, was drafted to strengthen the preparedness of the United States to prevent and respond to threatened or actual domestic terrorist attacks, major disasters, and other emergencies by requiring a national domestic all-hazards preparedness goal; establishing mechanisms for improved delivery of Federal preparedness assistance to State and local governments; and outlining actions to improve the capabilities of Federal, State, and local entities.
<b>Hot Wash</b>	A Hot Wash is a facilitated discussion held immediately after an exercise among exercise players from each functional area. It captures feedback about any issues, concerns, or proposed improvements players may have about the exercise. The Hot Wash is an opportunity for players to voice their opinions on the exercise and their own performance. This facilitated meeting allows players to participate in a self-assessment of exercise play and provides a general assessment of how the jurisdiction performed. At this time, evaluators can seek clarification on certain actions and what prompted players to take them. Evaluators should take notes during the Hot Wash and include these observations in their analysis. The Hot Wash should last no more than 30 minutes.
<b>HSEEP Toolkit</b>	The HSEEP Toolkit is an interactive, online tool for exercise scheduling, design, development, conduct, evaluation, and improvement planning. The HSEEP Toolkit can be accessed from the HSEEP Web site and includes the following subcomponent systems: <ul style="list-style-type: none"><li>• National Exercise Schedule (NEXS) System</li><li>• Design and Development System (DDS)</li><li>• Corrective Action Program (CAP) System</li></ul>



I	
Term	Description
<b>Improvement Plan (IP)</b>	The IP identifies specific corrective actions, assigns them to responsible parties, and establishes target dates for their completion. For each task, the IP lists corrective actions that will be taken, responsible party or agency, and expected completion date. The IP is included at the end of the After Action Report (AAR).
<b>Improvement Plan (IP) matrix</b>	The IP matrix lists, for each task, improvement actions that will be taken, responsible party or agency, and expected completion date.
<b>Improvement Planning Workshop (IPW)</b>	The annual IPW provides an opportunity to determine the areas for improvement and target capabilities on which the Region should focus. These areas for improvement and target capabilities constitute the foundation for ongoing development and evolution of the Multiyear Training and Exercise Plan (TEP), which is revised annually at the Training and Exercise Planning Workshop (TEPW).
<b>information sharing environment analysis (ISEA)</b>	Before a prevention exercise, jurisdictions can use this process to identify, describe, and depict their State or local information-sharing environment as it pertains to standard operating procedures, policies, and systems.
<b>Initial Planning Conference (IPC)</b>	The IPC is typically the first step in the planning process and lays the foundation for the exercise (unless a Concept and Objectives [C&O] Meeting is held). Its purpose is to gather input from the Exercise Planning Team on the scope, design requirements, conditions (e.g., assumptions and artificialities), objectives, level of participation, scenario variables (e.g., location, threat/hazard selection), and Master Scenario Events List (MSEL). During the IPC, the Exercise Planning Team decides on exercise location, schedule, duration, and other details required to develop exercise documentation. Exercise Planning Team members should be assigned responsibility for the tasks outlined in the conference.
<b>inject</b>	Injects are Master Scenario Events List (MSEL) events that prompt players to implement the plans, policies, and procedures that planners want the exercise to validate. Injects are MSEL entries that controllers must simulate, including directives, instructions, and decisions. Exercise controllers provide injects to exercise players to drive exercise play toward achievement of objectives. Injects can be written, oral, televised, and/or transmitted via any means (e.g., fax, phone, e-mail, voice, radio). Injects can be contextual or contingency.
<b>integrated timeline</b>	The integrated timeline provides a retrospective timeline of exercise events created during exercise analysis.
<b>integrated timeline analysis</b>	Integrated timeline analysis is the reconstruction of activities that occurred during the exercise. Participants use the timeline to identify discrepancies between what happened and what was supposed to happen and to develop recommendations that address those gaps.
<b>interagency and interjurisdictional exercises</b>	These exercises assess the capacity of multiple organizations and the effectiveness of interagency cooperation and interoperable communication.



L	
Term	Description
<b>lead evaluator</b>	<p>The lead evaluator should participate fully as a member of the Exercise Planning Team and should be a senior-level individual familiar with prevention, protection, response, and/or recovery issues associated with the exercise; plans, policies, and procedures of the exercising jurisdiction/organization; Incident Command and decisionmaking processes of the exercising jurisdiction/organization; and interagency and/or interjurisdictional coordination issues relevant to the exercise.</p> <p>The lead evaluator must have the management skills needed to oversee a team of controllers and evaluators over an extended process, as well as the knowledge and analytical skills to undertake a thorough and accurate analysis of all capabilities being tested during an exercise.</p>
<b>lead exercise planner</b>	<p>The lead exercise planner oversees the Exercise Planning Team, develops the exercise project management timeline and the exercise project management assignment list, assigns exercise responsibilities, provides overall guidance, and monitors the development process.</p>
<b>Lessons Learned Information Sharing (LLIS)</b>	<p>Lessons learned are positive and negative knowledge and experience derived from observations and historical study of operations, training, and exercises. Exercise After Action Reports (AARs) should identify lessons learned and highlight best practices and should be submitted to the U.S. Department of Homeland Security (DHS) for inclusion in the lessons learned/best practices Web site, <a href="http://www.llis.gov">www.llis.gov</a>, which serves as a national network for generating, validating, and disseminating lessons learned and best practices.</p>
<b>Logistics Section</b>	<p>The Logistics Section of the Exercise Planning Team provides the supplies, materials, facilities, and services that enable the exercise to function smoothly without outside interference or disruption. This group consists of two subsections: service and support. The service section provides transportation, barricades, signage, food and drinks, real-world medical capability, and exercise-site perimeter security. The support section provides communications, purchasing, general supplies, VIP and observer processing, and recruitment and management of actors.</p>



M	
Term	Description
<b>Master Scenario Events List (MSEL)</b>	<p>The MSEL is a chronological timeline of expected actions and scripted events to be injected into exercise play by controllers to generate or prompt player activity. It ensures necessary events happen so that all objectives are met. Larger, more complex exercises may also use a procedural flow, which differs from the MSEL in that it contains only expected player actions or events. The MSEL links simulation to action, enhances exercise experience for players, and reflects an incident or activity meant to prompt players to action.</p> <p>Each MSEL record contains a designated scenario time, event synopsis, name of the controller responsible for delivering the inject, and (if applicable) special delivery instructions, task and objective to be demonstrated, expected action, intended player, and note-taking section.</p>
<b>Master Scenario Events List (MSEL) Conference</b>	<p>The MSEL Conference may be held in preparation for more complex, operations-based exercises to review the scenario timeline and focus on MSEL development. A MSEL Conference can be held in conjunction with or separate from the Midterm Planning Conference (MPC) to review the scenario timeline for the exercise.</p>
<b>media personnel</b>	<p>Some media personnel may be present as observers, pending approval by exercise personnel and Exercise Support Team members. The Simulation Cell (SimCell) may simulate media interaction to enhance realism and meet related exercise objectives. A dedicated group of exercise controllers should be assigned to manage these groups.</p>
<b>media policy</b>	<p>The agency or organization sponsoring the exercise should decide whether or not to invite the media. If invited, the media should have an opportunity before the exercise to conduct interviews with key planners and participants. Unless media personnel are invited to participate in the exercise, media personnel should be escorted at all times. Media policies can prevent public confusion on the day of the exercise and assure the public that the community is working to prepare for real-world incidents.</p>
<b>Midterm Planning Conference (MPC)</b>	<p>The MPC is a planning conference for operations-based exercises. It is used to discuss exercise organization and staffing concepts; scenario and timeline development; and scheduling, logistics, and administrative requirements. It is also a session to review draft documentation (e.g., Exercise Plan [ExPlan], Controller and Evaluator [C/E] Handbook).</p>
<b>mission</b>	<p>There are four homeland security missions: (1) prevent, (2) protect against, (3) respond to, and (4) recover from acts of terrorism, natural disasters, and other emergencies. Within the missions are the target capabilities to be achieved and the tasks required to achieve them.</p>
<b>mission-level performance analysis</b>	<p>Mission-level performance analysis assesses the ability of the community as a whole (i.e., across disciplines and jurisdictions) to achieve the expected outcomes in responding to an incident. It considers the question "How prepared is the community to prevent, respond to, and recover from a terrorist attack or natural disaster?"</p>



M	
Term	Description
<b>moderated discussion</b>	A moderated discussion is a facilitated, discussion-based forum where a representative from each functional area breakout presents to participants a summary and results from a group's earlier facilitated discussion. During moderated discussions, spokespersons summarize the facilitated discussion, present key findings and issues, and discuss any unresolved issues or questions. At the end of the moderated discussion period, the floor is open for questions.
<b>moulage</b>	Moulage is the makeup applied to actors to add realism to an exercise. It includes fake blood, plastic bones, and any other makeup that enables actors to emulate the signs and symptoms on their symptomatology cards. Although not required, moulage is encouraged at all operations-based exercises. Common resources for moulage staff include local school drama clubs, military units, community theaters, the American Red Cross, and morticians.
<b>Multiyear Training and Exercise Plan (TEP)</b>	The Multiyear Training and Exercise Plan (TEP) is the foundation document guiding a successful exercise program. It provides a mechanism for long-term coordination of training and exercise activities toward a jurisdiction's preparedness goals. This plan describes the program's training and exercise priorities and aids in employing the building-block approach for training and exercise activities. Within the Multiyear TEP, the multiyear schedule graphically illustrates training and exercise activities that support the identified priorities. The schedule presents a multiyear outlook for task and priority achievement. As training and exercises are completed, the document can be annually updated, modified, and revised to reflect changes to the priorities and new capabilities that need to be assessed. The Multiyear TEP and schedule are produced through the work completed at the Training and Exercise Planning Workshop (TEPW). After this information is synthesized, participants develop the plan and schedule for their State or jurisdiction.



N	
Term	Description
National Exercise Program (NEP)	The NEP serves as the principal mechanism for (1) examining the preparedness of the U.S. Government and its officers and other officials and (2) adopting policy changes that might improve such preparation. The NEP provides opportunities to periodically train and exercise, identify key policy issues, and refine key incident management. It enhances existing and develops new common exercise and evaluation doctrine and methodology. It establishes collaborative management processes, supporting systems, and multiyear scheduling to meet short- and long-term goals. The NEP also formalizes a system for collecting, reporting, analyzing, interpreting, and disseminating qualitative and quantitative exercise lessons and exemplary practices.
National Exercise Schedule (NEXS)	The NEXS is a compilation of all national, Federal, State, and local level exercises. The NEXS provides basic information on each planned exercise, including the exercise name, location, date, major participants, and points of contact. The NEXS also serves as a management tool and reference document for exercise planning and enables visibility of exercises to planners and leadership. The NEXS seeks to provide opportunities to synchronize and deconflict exercise initiatives.
National Exercise Schedule (NEXS) System	The NEXS System is the Nation's online comprehensive tool that facilitates scheduling, deconfliction, and synchronization of all national, Federal, State, and local level exercises.
National Incident Management System (NIMS)	The NIMS standard was designed to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive system for incident management. It is a system mandated by Homeland Security Presidential Directive 5 (HSPD-5) that provides a consistent, nationwide approach for Federal, State, tribal, and local governments; the private sector; and nongovernmental organizations to work effectively and efficiently together to prepare for, respond to, and recover from domestic incidents, regardless of cause, size, or complexity.
national level exercise (NLE)	<p>An NLE is the single annual operations-based National Exercise Program (NEP) Tier I exercise focused on White House-directed, U.S. Government-wide strategy and policy-related issues that require participation of all appropriate department and agency principals (or their deputies); other key officials; and all necessary staffs, operations centers, and operational elements at the national, regional, and local levels. An NLE may be a functional exercise (FE), full-scale exercise (FSE), or a combination.</p> <p>NLEs examine the preparation of the U.S. Government and its officers and other officials to prevent, respond to, or recover from threatened or actual terrorist attacks. NLEs address U.S. Government strategic- and policy-level objectives and challenge the preparedness of the United States. An NLE can involve all levels of Federal, State, and local authorities and private-sector entities. The NEP will also integrate department and agency exercise planning activities into NLEs that support specified national priorities and objectives, as contained in presidential directives. NLEs test the implementation of existing policies and plans. The NLE may involve international partners and include classified elements.</p>



N	
Term	Description
National Planning Scenarios	The 15 National Planning Scenarios require a wide range of prevention, protection, response, and recovery tasks to effectively manage the incidents described. They represent a range of potential incidents and were used to develop the Universal Task List (UTL) and Target Capability List (TCL).
National Preparedness Guidelines	The National Preparedness Guidelines were set to achieve and sustain capabilities that enable the Nation to successfully prevent terrorist attacks on the homeland and rapidly and effectively respond to and recover from any terrorist attack, major disaster, or other emergency to minimize the impact on lives, property, and the economy. National preparedness will be achieved by reaching risk-based target levels of capability and sustained by measuring readiness and directing resources to areas of greatest risk and need.
National Strategy for Homeland Security	The purpose of the National Strategy for Homeland Security is to mobilize and organize the homeland from terrorist attacks. This complex mission requires coordinated and focused effort from Federal, State, and local governments; the private sector; and the American people. The strategic objectives of homeland security are to prevent terrorist attacks within the United States, reduce America's vulnerability to terrorism, and minimize the damage and recover from attacks that do occur.
Nunn-Lugar-Domenici Domestic Preparedness Program (NLD DPP)	The Nunn-Lugar-Domenici Domestic Preparedness Program (NLD DPP) initiative was designed to enhance the response capability of designated cities to respond to acts of terrorism involving weapons of mass destruction. Much of the HSEEP design and development methodology is derived from the NLD DPP.





O	
Term	Description
<b>objectives</b>	Exercise objectives must be established for every exercise. Well-defined objectives provide a framework for scenario development, guide individual organizations' objective development, and inform exercise evaluation criteria. Jurisdictions should frame exercise objectives with the aim of attaining capabilities established as priorities at the Federal, State, and local levels as captured in the jurisdiction's Multiyear TEP and schedule. Objectives should reflect specific capabilities that the exercising jurisdiction establishes as priorities and the tasks associated with those capabilities. Objectives should be simple, measurable, achievable, realistic, and task-oriented. Planners should limit the number of exercise objectives to enable timely execution and facilitate design of a realistic scenario.
<b>observer</b>	Observers are not exercise participants; rather, they observe selected segments of the exercise as it unfolds, while remaining separated from player activities. Observers view the exercise from a designated observation area and are asked to remain within the observation area during the exercise. A dedicated group of exercise controllers should be assigned to manage these groups. In a discussion-based exercise, observers may support development of player responses to the situation during the discussion by delivering messages or citing references.
<b>Observer Briefing</b>	An Observer Briefing is a preexercise overview given by one or more members of the Exercise Planning Team to educate observers about program background, scenario, schedule of events, observer limitations, and any other miscellaneous information. Many times, observers are unfamiliar with public safety procedures and have questions about the activities they see. Designating someone to answer questions, such as a response agency public information officer (PIO), will prevent observers from asking questions of participants, controllers, or evaluators.
<b>observer/media area</b>	The observer/media area is a designated exercise area that provides observers and media representatives with a view of exercise play without the potential to interfere. It should be adjacent to the exercise site but should not allow interference with response routes or egress points. Because many jurisdictions prefer to keep operations of groups such as special weapons and tactics (SWAT) teams, bomb squads, and explosive ordnance disposal teams confidential, these activities could take place some distance from the observer/media area.
<b>operations-based exercise</b>	Operations-based exercises are a category of exercises characterized by actual response, mobilization of apparatus and resources, and commitment of personnel, usually held over an extended period of time. They include drills, functional exercises, and full-scale exercises. Operations-based exercises can be used to validate plans, policies, agreements, and procedures. They are used to clarify roles and responsibilities, identify gaps in resources needed to implement plans and procedures, and improve individual and team performance. Note: These exercises often follow after and validate the lessons learned from discussion-based exercises.





O	
Term	Description
<b>Operations Section</b>	The Operations Section of the Exercise Planning Team provides most of the technical or functional expertise for the participating agencies or jurisdictions. This group develops scenarios, selects evaluation tools, and has personnel with the expertise necessary to serve as evaluators.



P	
Term	Description
<b>participant</b>	Participants are the overarching group that includes all players, controllers, evaluators, and staff members involved in conducting an exercise.
<b>Participant Feedback Form</b>	Participant Feedback Forms are used to obtain information on perceptions of the exercise and how well each participant thought his or her unit performed. This information can provide insight into why events happened the way they did or why some expected actions did not take place. Feedback forms are distributed before a Hot Wash and collected at the end, and the evaluation team reviews them to capture any useful information. Feedback forms also serve to solicit general feedback on exercise quality, which can be provided to the Exercise Planning Team to help implement improvements in future exercises because this contributes to several portions of the After Action Report (AAR)/Improvement Plan (IP).
<b>performance-objective-level analysis</b>	This type of analysis assesses whether the larger team adequately performed all tasks in accordance with approved plans, policies, procedures, and agreements.
<b>planning conferences</b>	Planning conferences are forums held by the Exercise Planning Team to design and develop the exercise. The scope, type, and complexity of an exercise should determine the number of conferences necessary to successfully conduct an exercise. These milestones of the exercise planning process are typically comprised of the Initial Planning Conference (IPC), the Midterm Planning Conference, and the Final Planning Conference (FPC). Potential additional exercise planning conferences include the Concept and Objectives (C&O) Meeting, the Master Scenario Events List (MSEL) Conference, and the Red Team Planning Conference. Discussion-based exercises usually only convene IPCs and FPCs, whereas operations-based exercises may call for all the standard conferences.
<b>Planning Section</b>	The Planning Section of the Exercise Planning Team is responsible for compiling and developing all exercise documentation. To accomplish this effectively, the Planning Section also collects and reviews policies, plans, and procedures that will be tested in the exercise. During the exercise, the Planning Section may be responsible for developing simulated actions by agencies not participating in the exercise and setting up a Simulation Cell (SimCell), if necessary.
<b>player</b>	Players have an active role in preventing, responding to, or recovering from the risks and hazards presented in the exercise scenario. Players initiate actions that will respond to and/or mitigate the simulated emergency. In a discussion-based exercise, this is done by discussing their regular roles and responsibilities. In an operations-based exercise, this is done by performing their regular roles and responsibilities.
<b>Player Briefing</b>	A Player Briefing is held immediately before an operations-based exercise and addresses individual roles and responsibilities, exercise parameters, safety, badges, and any other logistical items. For a drill or full-scale exercise (FSE), Player Briefings typically occur in the assembly area.



P	
Term	Description
<b>preparedness</b>	The preparedness mission is the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from domestic incidents. Preparedness is a continuous process involving efforts at all levels of government and between government, private-sector, and nongovernmental organizations to identify threats, determine vulnerabilities, and identify required resources. It is also the existence of plans, procedures, policies, training, and equipment necessary at the Federal, State, and local levels to maximize the ability to prevent, respond to, and recover from major incidents. The term "readiness" is used interchangeably with preparedness.
<b>press release</b>	A press release is developed and disseminated before an exercise and given to media representatives, the public, observers, and VIPs. Press releases typically include an introduction, purpose, scope, duration, general scenario, and participating agencies.
<b>prevention exercises</b>	Prevention exercises can be either discussion- or operations-based and may focus on issues that pertain to information and intelligence sharing, credible threats, surveillance, and/or opposing force or Red Team activity.
<b>prevention</b>	The prevention mission area encompasses activities that serve to detect and disrupt terrorist threats or actions against the United States and its interests. They are actions taken to avoid an incident or to intervene to stop an incident from occurring and involve actions taken to prevent the loss of lives and property. Prevention involves applying intelligence and other information to a range of activities that may include such countermeasures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice. Prevention also includes activities undertaken by the first responder community during the early stages of an incident to reduce the likelihood or consequences of threatened or actual terrorist attacks.
<b>prevention exercises</b>	Prevention exercises can be either discussion- or operations-based and may focus on issues that pertain to information and intelligence sharing, credible threats, surveillance, and/or opposing force or Red Team activity. (See also Terrorism Prevention Exercise Program.)



P	
Term	Description
<b>principal level exercise (PLE)</b>	PLEs establish and clarify roles and responsibilities, strategy, and policy for U.S. Government activities. The National Exercise Program (NEP) includes four NEP Tier I discussion-based PLEs annually, requiring participation of all appropriate department and agency principals (or their deputies) who may be used to advance development of policy and plans. Of the four PLEs, one PLE serves as a preparatory event for the annual national level exercise (NLE). PLEs address emerging threats and issues requiring senior-level attention. To ensure the flexibility to address emerging needs, the topic for one of these PLEs is not decided until the year of its conduct. The U.S. Department of Homeland Security (DHS) is responsible for PLE conduct in consultation with the Homeland Security Council and National Security Council staffs, with technical assistance from the U.S. Department of Defense (DoD) and appropriate assistance from all other departments and agencies.
<b>private-sector coordination</b>	This term refers to the inclusion of major community businesses and facilities into preparedness initiatives.
<b>procedural flow (ProFlow)</b>	The ProFlow is an exercise document that outlines a sequential flow of actions anticipated from participating organizations in response to a hypothetical situation. The ProFlow allows controllers and evaluators to track and monitor expected actions to ensure their completion at designated times. The ProFlow differs from the Master Scenario Events List (MSEL) in that it contains only expected player actions such as establishing decontamination, triage, treatment, and transport. Typically, ProFlows are only produced for large-scale, complex exercises.
<b>project management</b>	Effective exercise project management ensures identification, development, and management of critical and supportive activities; frequent communication about project status; and use of management plans and timelines (e.g., project management timeline, scheduling software, Gantt charts).
<b>project management timeline</b>	The project management timeline is a tool that lists key dates and milestones—as well as critical exercise planning responsibilities—upon which the Exercise Planning Team agrees.
<b>props</b>	Props are nonfunctional replications of objects. The presence or discovery of props requires certain actions by exercise players. Examples of props include simulated bombs, bomb blast debris (shrapnel), mannequins or body parts, and foam bricks and beams. Simulants that mimic the effects of chemical or radiological hazards or that cause a positive reading of an actual detection device are also considered props.
<b>protection</b>	The protection mission area includes actions to reduce the vulnerability of critical infrastructure or key resources to deter, mitigate, or neutralize terrorist attacks, major disasters, and other emergencies. Protection focuses on deterrence, mitigation, and response-oriented activities to prevent an attack from occurring, whereas prevention centers on the recognition of threats via information sharing and intelligence analysis.



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P	
Term	Description
<b>public announcement</b>	A public announcement is given to the public before any operations-based exercise to alleviate confusion for passing motorists and pedestrians and help the public avoid congestion near the exercise site by providing suggestions for alternate routes. Announcements can be made on local television or radio, in local newspapers, through mass mailings or pamphlets, and/or on signs near the exercise site.
<b>purpose</b>	The purpose is a broad statement of the reason the exercise is being conducted. The purpose should explain what elements are to be assessed, evaluated, or measured.



R	
Term	Description
<b>Radiological Emergency Preparedness (REP) Program</b>	FEMA established the REP Program to ensure the public health and safety of citizens living around commercial nuclear power plants by protecting them in the event of a nuclear power station accident and informing and educating the public about radiological emergency preparedness.
<b>recommendation</b>	Recommendations, based on root-cause analysis, are listed in all After Action Report (AAR)/Improvement Plans (IPs). Recommendations are the identification of areas for improvement as noted during an exercise.
<b>recorder</b>	A recorder's primary duty is to capture the activity of the exercise participants. He or she does not have an active role in exercise activities.
<b>recovery</b>	The recovery mission area is the development, coordination, and execution of service- and site-restoration plans for affected communities and the reconstitution of government operations and services through individual, private-sector, nongovernmental, and public assistance programs that identify needs and define resources; provide housing and promote restoration; address long-term care and treatment of affected persons; implement additional measures for community restoration; incorporate mitigation measures and techniques, as feasible; evaluate the incident to identify lessons learned; and develop initiatives to mitigate the effects of future incidents.
<b>Red Team</b>	The Red Team is a group of subject matter experts of various disciplinary backgrounds who provides an independent peer review of plans and processes, acts as the adversary's advocate, and knowledgeably role plays the adversary using a controlled, realistic, interactive process during operations planning, training, and exercising. In prevention exercises, this group of operators adapts to player decisions and actions according to the prescribed adversary's motivations and tactics, which provide players with instant feedback.
<b>Red Team Handbook</b>	The Red Team Handbook is used solely in operations-based prevention exercises that employ Red Teams. This document aids Red Team operators, safety controllers, and evaluators in the conduct of safe and valid Red Team exercise activity. It also provides essential information (not included in any other exercise documents) to Red Team operators, which enables them to understand their roles in exercise execution.
<b>Red Team operators</b>	Red Team operators portray the physical entity of the adversary in an operations-based prevention exercise. Also called the Opposition Force (OPFOR).
<b>Red Team Planning Conference</b>	The Red Team Planning Conference, conducted in preparation for a prevention exercise, is held to confirm safety redundancies, rules of exercise play, operational plans, and the exercise timeline.
<b>registration area</b>	The registration area is where participants sign in and receive exercise identification such as badges or hats.



R	
Term	Description
<b>response</b>	The response mission area focuses on activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property, and meet basic human needs. Response also includes execution of emergency operations procedures and incident mitigation activities designed to limit loss of life, personal injury, property damage, and other unfavorable outcomes. As indicated by the situation, response activities include applying intelligence and other information to lessen the effects or consequences of an incident; increasing security operations; continuing investigations into the nature and source of the threat; conducting ongoing public health and agricultural surveillance and testing processes; performing immunizations, isolation, or quarantine; conducting specific law enforcement operations aimed at preempting, interdicting, or disrupting illegal activity; and apprehending actual perpetrators and bringing them to justice.
<b>response and recovery exercises</b>	These exercises focus on response and recovery aspects of a simulated incident.
<b>response area</b>	The response area is a large space where operations occur (e.g., decontamination, triage, treatment).
<b>response route</b>	The response route is the path that responding emergency units follow from an assembly area to a simulated incident.
<b>risk-based scenario</b>	Risk-based scenarios are scenarios that accurately represent risks facing the exercising jurisdiction (including both natural and manmade threats). Exercises that use risk-based scenarios enable evaluation of the capabilities associated with countering that scenario.
<b>root-cause analysis</b>	Root-cause analysis of the integrated timeline focuses on identifying the most basic causal factor for why an expected action did not occur or was not performed as expected.
<b>rules of exercise play</b>	In prevention exercises, the rules of exercise play is a comprehensive list of rules that provides specific guidance for the behavior of all exercise participants. These rules define the boundaries for exercise play; establish limits on Red Team activity; ensure that useful information is gathered; and most importantly, ensure participant safety.



S	
Term	Description
safety controller	The safety controller is responsible for monitoring exercise safety during setup, conduct, and cleanup of the exercise. All exercise controllers assist the safety controller by reporting any safety concerns. The safety controller should not be confused with the safety officer, who is identified by the incident commander during exercise play.
scenario	A scenario provides the backdrop and storyline that drive an exercise. The first step in designing a scenario is determining the type of threat/hazard (e.g., chemical, explosive, cyber, natural disaster) to be used in an exercise. The hazards selected for an exercise should realistically stress the capabilities a jurisdiction is attempting to improve through its exercise programs. A hazard should also be a realistic representation of potential threats faced by the exercising jurisdiction. For discussion-based exercises, a scenario provides the backdrop that drives participant discussion. For operations-based exercises, the scenario should provide background information on the incident catalyst of the exercise. For prevention exercises, the scenario should include the ground truth.
scheduler	This is a role within the National Exercise Schedule (NEXS) System. The scheduler assists the Exercise Administrative Authority (EAA). The EAA will designate certain users as schedulers in their scheduling domain. Schedulers can recommend adding new schedulers to a domain, but they must be approved by the EAA. Schedulers can submit exercises for the EAA's approval. Only schedulers and EAAs can submit exercises to the national calendar, and only EAAs can approve exercises.
scope	Scope is an indicator of the level of government or private-sector participation in exercise play, regardless of participant size. Scope levels include local, multilocal, regional (within a State), State, multistate, Federal, national, international, and private sector.
seminar	Seminars orient participants to authorities, strategies, plans, policies, procedures, protocols, resources, concepts, and ideas. Seminars provide a good starting point for jurisdictions that are developing or making major changes to their plans and procedures.
senior controller	The senior controller is responsible for the overall organization of the exercise. The senior controller monitors exercise progress and coordinates decisions regarding deviations or significant changes to the scenario caused by unexpected developments during play. The senior controller monitors actions by individual controllers and ensures they implement all designated and modified actions at the appropriate time. The senior controller debriefs controllers and evaluators after the exercise and oversees the setup and takedown of the exercise.
simulation	(1) An electronic simulation is a method for predicting the results of implementing a model over time. (2) Simulation of nonparticipating personnel and agencies is a technique for increasing realism in exercises.





S	
Term	Description
Simulation Cell (SimCell)	The SimCell is an exercise area where controllers generate and deliver injects and receive player responses to nonparticipating organizations, agencies, and individuals who would likely participate in an actual incident. Physically, the SimCell is a working location for a number of qualified professionals who portray representatives of nonparticipating organizations, agencies, and individuals who would likely participate during an actual incident.
simulators	Simulators are control staff personnel who role play as nonparticipating organizations or individuals. They most often operate out of the Simulation Cell (SimCell) but may occasionally have face-to-face contact with players. Simulators function semi-independently under the supervision of SimCell controllers, enacting roles (e.g., as media reporters or next-of-kin) in accordance with instructions provided in the Master Scenario Events List (MSEL). All simulators are ultimately accountable to the exercise director and senior controller.
Situation Manual (SitMan)	The SitMan is a handbook provided to all participants in discussion-based exercises, particularly tabletop exercises (TTXs). The SitMan provides background information on the exercise scope, schedule, and objectives. It presents the scenario narrative that will drive participant discussions. The SitMan should mirror the exercise briefing, support the scenario narrative, and allow participants to read along while watching events unfold.
special effects	Special effects are technical, mechanical, or electronic scenario enhancements. Special effects typically require trained and licensed personnel, special permission for use, and additional safety and/or security precautions. Examples include use of pyrotechnics or explosives.
sponsor	The sponsor is the primary funding organization for an exercise.
State Event Administering Authority (State EAA)	This is a role within the Corrective Action Program (CAP) System. The State EAA is responsible for coordinating preparedness exercises at the State level, generally for a homeland security or emergency management agency. The State EAA can view improvement plans where their organization has been assigned a formal role for an event or where the State EAA's organization sponsored the exercise. The State EAA is responsible for creating new events but also has access to all reporting functions available in the system.
subject matter expert (SME)	SMEs add functional knowledge and expertise in a specific area or in performing a specialized job, task, or skill to the Exercise Planning Team. They help make the scenario realistic and plausible and ensure jurisdictions have the appropriate capabilities to respond. SMEs are ideal for the positions of controllers and evaluators.
support staff	The exercise support staff includes individuals who are assigned administrative and logistical support tasks during the exercise (e.g., registration, catering).



S	
Term	Description
symptomatology card	Symptomatology cards are provided to each actor in a response-focused exercise. Each card is unique, containing the signs and symptoms the actor will portray as well as information for medical providers. The actors are instructed to keep these cards with them at all times during the exercise and to not step out of character except in the event of a real emergency. At a minimum, symptomatology cards should include vital signs, symptoms, trauma injuries, acting instructions (e.g., disorientation, emotional distress), and special needs (e.g., language barriers, physical limitations).
synchronization	Synchronization is the comparison of schedules to resolve scheduling conflicts and identify opportunities for collaboration to maximize resources. In HSEEP, this is a critical element of the National Exercise Schedule (NEXS) and is facilitated by the NEXS System in the HSEEP Toolkit.



T	
Term	Description
tabletop exercise (TTX)	TTXs are intended to stimulate discussion of various issues regarding a hypothetical situation. They can be used to assess plans, policies, and procedures or to assess types of systems needed to guide the prevention of, response to, or recovery from a defined incident. During a TTX, senior staff members, elected or appointed officials, or other key personnel meet in an informal setting to discuss simulated situations. TTXs are typically aimed at facilitating understanding of concepts, identifying strengths and shortfalls, and/or achieving a change in attitude. Participants are encouraged to discuss issues in depth and develop decisions through slow-paced problem-solving rather than the rapid, spontaneous decisionmaking that occurs under actual or simulated emergency conditions. TTXs can be breakout (i.e., groups split into functional areas) or plenary (i.e., one large group).
Target Capabilities List (TCL)	The TCL is a list of capabilities that provides guidance on the specific capabilities that Federal, State, tribal, and local entities are expected to develop and maintain to prevent, protect against, respond to, and recover from incidents of national significance, including terrorism or natural disasters, to maintain the level of preparedness set forth in the National Preparedness Guidelines. The TCL is grouped into four mission areas.
task	Tasks are specific, discrete actions that individuals or groups must complete or discuss during an exercise to successfully carry out an activity. Successful execution of performance measures and tasks, either sequentially or in parallel, is the foundation for activities, which are, in turn, the foundation of capabilities.
task-level analysis	Task-level analysis examines the ability of individual players or functional areas to perform a required task during an exercise. Task-level analysis can help identify the shortcomings or errors preventing demonstration of a capability. Task-level analysis helps jurisdictions and organizations analyze shortcomings and target planning, equipment, and training resources to improve their capabilities.
task-level performance analysis	Task-level performance analysis describes the ability of individual players or teams to perform a required task during an exercise. It answers the question "Did the individuals or team carry out the task in the way that you expected and that achieved the functional goal?"
Terrorism Prevention Exercise Program (TPEP)	The TPEP is dedicated to providing participants at the Federal, State, tribal, and local levels the tools needed to demonstrate, evaluate, and improve the capability to prevent terrorism through information- and intelligence-based exercises. The TPEP uses HSEEP methodology but focuses on preincident operations.
Training and Exercise Planning Workshop (TEPW)	A TEPW is usually conducted to create a Multiyear Training and Exercise Plan. During the workshop, participants review priority preparedness capabilities and coordinate exercise and training activities that can improve those capabilities. As a result of the workshop, the Multiyear Training and Exercise Plan outlines multiyear timelines and milestones for the execution of specific training and exercise activities.
trusted agent	Trusted agents are the individuals on the Exercise Planning Team who are trusted not to reveal the scenario details to players before the exercise.



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## Homeland Security Exercise and Evaluation Program (HSEEP) Glossary

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U	
Term	Description
<b>Universal Adversary (UA)</b>	The UA, a fictional adversary, is an exercise tool that compiles known terrorist motivations, doctrine, tactics, techniques, and procedures in live, virtual, and constructive simulations. A UA is employed to build the ground truth and anticipated countermoves for prevention-focused exercises.
<b>Universal Adversary (UA) advisor</b>	In prevention exercises, the UA advisor is responsible for providing the Master Scenario Events List (MSEL) and Red Team developers with realistic scenario and timeline guidance based on expertise in the given UA threat category or local threat environment.
<b>Universal Adversary (UA) profile</b>	The Universal Adversary (UA) profile provides detailed background information on the threat category being portrayed, including the typology, ideology, motivation, tactics, capability, objective, and individuals associated with the fictional group.
<b>Universal Task List (UTL)</b>	The UTL is a comprehensive menu of tasks derived from all tasks that may be performed in major incidents as illustrated by the National Planning Scenarios. Entities at all levels of government should use the UTL as a reference to help them develop proficiency through training and exercises to perform their assigned missions and tasks during major incidents.



V	
Term	Description
<b>venue</b>	A venue is the primary location of exercise conduct. In operations-based exercises, this is typically the facility or site the scenario will affect. For example, if a nonpersistent chemical agent (e.g., sarin) is selected as the threat/hazard, the venue should not be an open-air facility (e.g., stadium, park) because of the agent's dissipating characteristics. (Note: The venue used to conduct the exercise does not necessarily have to be the same venue described in the exercise scenario. For example, a stadium parking lot may be used to simulate an airport runway).
<b>venue control cell (VCC)</b>	The VCC is the location from where controllers run the exercise, in the event that the exercise occurs at multiple venues.



W	
Term	Description
workshop	The workshop, a type of discussion-based exercise, represents the second tier of exercises in the building-block approach. Although similar to seminars, workshops differ in two important aspects: increased participant interaction and a focus on achieving or building a product (e.g., plans, policies). A workshop is typically used to test new ideas, processes, or procedures; train groups in coordinated activities; and obtain consensus. Workshops often use breakout sessions to explore parts of an issue with smaller groups.



Term	Description
<b>Absorption</b>	The process of an agent being taken in by a surface (e.g., clothing, fabrics, wood) much like a sponge with water
<b>Aerobe</b>	A microorganism that lives and grows in the presence of oxygen
<b>Aerosol</b>	Fine liquid or solid particles suspended in air (e.g., fog or smoke)
<b>Agent dosage</b>	Refers to the lethal dose, 50 percent (LD <sub>50</sub> ), a measure of the dose or quantity of a given agent that will be lethal to 50 percent of the target group. The lower the LD <sub>50</sub> , the less amount of agent is required and the more potent the agent.
<b>Anaerobe</b>	A microorganism that lives and grows in the complete or nearly complete absence of oxygen (e.g., <i>Clostridium botulinum</i> )
<b>Antibiotic</b>	A chemical substance that inhibits the growth of or kills microorganisms. Antibiotics can be taken before or after exposure.
<b>Antidote</b>	A substance that neutralizes toxic agents or their effects
<b>Antiserum</b>	The liquid part of blood containing antibodies
<b>Bacteria</b>	Single-celled organisms that multiply by cell division and can cause disease in humans, plants, or animals
<b>Biochemicals</b>	The chemicals that make up or are produced by living things
<b>Biological weapons</b>	The intentional use of biological agents as weapons to kill or injure humans, animals, or plants, or to damage equipment
<b>Biological weapons agents</b>	Living organisms or the chemical compounds derived from them that cause disease or disrupt physiological activity in humans, animals, or plants, or cause deterioration of material. Biological agents may be used as liquid droplets, aerosols, or dry powders.
<b>Bioregulators</b>	Biochemicals that regulate bodily functions. Bioregulators that are produced by the body are termed "endogenous." Some of these bioregulators can be chemically synthesized.
<b>Causative agent</b>	The organism or toxin responsible for causing a specific disease or harmful effect
<b>Ceiling exposure value</b>	The maximum airborne concentration of a biological or chemical agent to which a worker may be exposed at any time
<b>CNS</b>	Central nervous system
<b>CNS depressants</b>	Compounds with the predominant effect of depressing or blocking the activity of the CNS. The primary mental effects include disruption of the ability to think, sedation, and lack of motivation.
<b>CNS stimulants</b>	Compounds with the predominant effect of flooding the brain with too much information. The primary mental effect is loss of concentration, which causes indecisiveness and the inability to act in a sustained, purposeful manner.
<b>Conjunctivitis</b>	An inflammation of the conjunctiva, usually caused by viruses, bacteria, or an allergy
<b>Consequence management</b>	Measures to alleviate the damage, loss, hardship, or suffering caused by emergencies. It includes measures to restore essential government service, protect public health and safety, and provide emergency relief to affected governments, businesses, and individuals.
<b>Contagious</b>	The ability of a biological agent to be transmitted from one person to another or from a living disease vector to humans





Term	Description
<b>Crisis management</b>	Measures to resolve the hostile situation, investigate, and prepare a criminal case for prosecution under Federal law
<b>Culture</b>	A population of microorganisms grown in a medium
<b>Cutaneous</b>	Pertaining to the skin
<b>Decontamination</b>	The process of making any person, object, or area safe by absorbing, destroying, neutralizing, making harmless, or removing the hazardous material
<b>Endotoxin</b>	A toxin contained in the cell walls of some microorganisms, especially Gram-positive bacteria, that is released when the bacterium dies and is broken down in the body
<b>Eubacterium</b>	A genus of Gram-positive anaerobic rod-shaped bacteria normally found in soil and water. The organisms are also found in the skin and body cavities of humans and other mammals, where they may cause soft-tissue infections.
<b>Exotoxin</b>	A toxin secreted or excreted by a living microorganism
<b>Fungi</b>	Any group of plants mainly characterized by the absence of chlorophyll, the green-colored compound found in other plants. Fungi range from microscopic single-celled plant (e.g., mold and mildews) to large plants (e.g., mushrooms).
<b>Gram stain</b>	The method of staining microorganisms using a violet stain, followed by an iodine solution; decolorizing with an alcohol or acetone solution; and counterstaining with safranin. The retention of either the violet color of the stain or the pink color of the counterstain is a primary means of identifying and classifying bacteria. Gram-positive organisms retain the stain and are penicillin sensitive.
<b>Host</b>	An animal or plant that harbors or nourishes another organism
<b>IDLH</b>	Concentrations immediately dangerous to life and health
<b>Incubation period</b>	The time between exposure and the appearance of symptoms. This time period is governed by a range of factors, including the initial dose, virulence, route of entry, rate of replication, and immunological variables.
<b>Infectious agents</b>	Biological agents capable of reproducing in an infected host
<b>Infectivity</b>	<ol style="list-style-type: none"><li>1. The ability of an organism to spread</li><li>2. The number of organisms required to cause an infection to secondary hosts</li><li>3. The capability of an organism to spread out from the site of infection and cause disease in the host organism</li></ol> <p>Infectivity can also be viewed as the number of organisms required to cause an infection.</p>
<b>Level A protection</b>	The level of protective equipment in situations where the material is considered acutely vapor toxic to the skin and hazards are unknown. Full encapsulation, airtight chemical suit with self-contained breathing apparatus (SCBA) or supplied-air breathing apparatus (SABA)
<b>Level B protection</b>	The level of protective equipment in situations where the environment is not considered acutely vapor toxic to skin but may cause respiratory effects. Chemical splash suit or full coverage, nonairtight chemical suit with SCBA or SABA
<b>Level C protection</b>	The level of protective equipment required to prevent respiratory exposure but not to exclude possible skin contact. Chemical splash suit with cartridge respirator



Term	Description
<b>Level D protection</b>	The level of protective equipment required when the atmosphere contains no known hazard, when splashes, immersions, inhalation, or contact with hazardous levels of any chemical are precluded. Work uniform such as coveralls, boots, leather gloves, and hard hat
<b>Methods of dissemination</b>	Refers to the range of technologies and platforms that are available or that can be produced to deliver biological agents into the atmosphere
<b>Microorganism</b>	Any organism—such as bacteria, rickettsia, virii, and some fungi—that can be seen only with a microscope
<b>Mycotoxin</b>	A nonprotein toxin produced by fungi
<b>Organism</b>	Any individual living thing, whether animal or plant
<b>PAPR</b>	Powered air-purifying respirator
<b>Parasite</b>	Any organism that lives in or on another organism without providing benefit in return
<b>Pathogen</b>	Any organism (usually living) capable of producing serious disease or death such as bacteria, fungi, rickettsia, and viruses
<b>Pathogenic agent</b>	Biological agents capable of causing serious diseases
<b>Pathogenicity</b>	Reflects the ability of an infectious agent to cause disease in a host once the requisite number of microorganisms penetrates the body to initiate infection. An infectious agent must then multiply to cause disease.
<b>Percutaneous agent</b>	Agents able to be absorbed through the body
<b>Reconnaissance</b>	A primary survey to gather information
<b>Rhinorrhea</b>	A runny nose
<b>Rickettsia</b>	Any of a family ( <i>Rickettsiaceae</i> ) of pleomorphic, rod-shaped, nonfilterable microorganisms that cause various diseases (e.g., Q fever, typhus, or Rocky Mountain spotted fever). Rickettsial agents are not infective and are usually transmitted from person to person via vectors (e.g., insects or infected rodents).
<b>SABA</b>	Supplied-air breathing apparatus
<b>SCBA</b>	Self-contained breathing apparatus
<b>Spore</b>	A reproductive form some microorganisms can take to become resistant to environmental conditions, such as extreme heat or cold, while in a “resting phase”
<b>Stability</b>	The ability of a biological agent to remain viable either in storage or when released into the atmosphere. A broad range of variables regulates agent stability. In particular, many biological agents are extremely sensitive to environmental pressures, including temperature, atmospheric pollution, humidity, moisture, and ultraviolet radiation. Meteorological factors such as diffusion constraints and wind speed and direction will also determine the success of a biological agent release.
<b>Terrorism</b>	A violent act or an act dangerous to human life, in violation of the criminal laws of the United States or any segment, to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives (U.S. Department of Justice)
<b>Toxicity</b>	A measure of the harmful effect produced by a given amount of toxin on a living organism. The relative toxicity of an agent can be expressed in milligrams of toxin needed per kilogram of body weight to kill experimental animals.
<b>Transmissibility</b>	The ability of a particular biological agent to be passed between organisms



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Term	Description
<b>Triage</b>	Sorting; a technique of establishing rescues, decontamination, treatment, and transportation priorities in any event where the number of casualties overwhelm the resources of the emergency response organizations
<b>Vaccine</b>	A preparation of killed or weakened microorganism products used to artificially induce immunity against a disease
<b>Virulence</b>	The relative severity of the disease produced by a particular biological agent. Different microorganisms and strains of the same microorganism may cause diseases of varying severity.
<b>Virus</b>	An infectious microorganism that exists as a particle rather than as a complete cell. Particle sizes range from 200 to 400 nanometers (1 billionth of a meter). Viruses are not capable of reproducing outside a host cell.
<b>Wheal</b>	An acute swelling of the skin. This condition is common to a bee sting.



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## **HSEEP Exercise Program Resources Training Opportunities**

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A range of exercise training courses and programs are available from various sources. Types of exercise training are described below.

### **Independent Study**

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The Federal Emergency Management Agency (FEMA) Emergency Management Institute (EMI) is working to incorporate the Homeland Security Exercise and Evaluation Program (HSEEP) guidance and methodology into a variety of existing EMI exercise training courses. Periodic EMI newsletters describe course content and availability. Additional information is available at [training.fema.gov/emiweb](http://training.fema.gov/emiweb).

### **Homeland Security Exercise and Evaluation Program (HSEEP) Training**

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For the classroom, FEMA is developing an enhanced comprehensive HSEEP training course. This scalable, modular course will take students through the full spectrum of exercise design, development, conduct, evaluation, and improvement planning.

### **Master Exercise Practitioner Program (MEPP)**

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The EMI Master Exercise Practitioner Program (MEPP) is a performance-based curriculum focusing on the competencies required to plan, develop, design, conduct, and evaluate jurisdiction-specific exercises. The resident MEPP consists of three resident courses and eight proficiency demonstration activities, and the nonresident MEPP requires completion of several independent study courses and several additional courses administered by the appropriate State emergency management agency. A nonresident MEPP candidate may complete the training and proficiency demonstration requirements by enrolling in the exercise practicum, a unique self-directed and self-negotiated series of 11 proficiency demonstrations. The MEPP candidate is challenged to apply the knowledge, skills, and abilities acquired through participation in comprehensive exercise curriculum courses to emergency management exercises. Additional information is available at [training.fema.gov/emiweb](http://training.fema.gov/emiweb).

### **State-Provided Exercise Training**

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Many States offer exercise design, conduct, evaluation, and program management courses through State-run training centers or in conjunction with Federal agencies. For example, the California Office of Emergency Services' Readiness Program includes several exercise-related training courses for members of the California homeland security community. New Jersey and New York engage responders in and provide credit for participation in the FEMA Professional Development Series and Advanced Professional Series, each of which involve exercise design and management courses. Numerous States (e.g., Florida) provide regular HSEEP evaluation methodology training for exercise planners statewide.



The U.S. Department of Homeland Security (DHS) provides a range of assistance so jurisdictions and organizations can implement effective exercises. Types of assistance are described below.

### **GRANT FUNDS**

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States receive an annual allocation of grant funds from the DHS and may use a portion of these funds to enhance the prevention and response capabilities of States and local jurisdictions through exercises. These grant funds, which must be used in accordance with the State Homeland Security Strategy, are described in more detail in the Homeland Security Grant Program application for the most recent fiscal year, available at [www.dhs.gov/xopnbiz/grants](http://www.dhs.gov/xopnbiz/grants). Grant funds can be combined with funds from other agencies to support a single exercise or set of exercises.

### **EXERCISE TRAINING**

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#### *Independent Study*

The Federal Emergency Management Agency (FEMA) Emergency Management Institute (EMI) is incorporating Homeland Security Exercise and Evaluation Program (HSEEP) guidance and methodology into a variety of existing exercise training courses. Periodic EMI newsletters describe course content and availability. Additional information is available at <http://training.fema.gov>.

#### *HSEEP Training*

For the classroom, the DHS is currently developing an enhanced comprehensive HSEEP training course. This scalable, modular course will take students through the full spectrum of exercise design, development, conduct, evaluation, and improvement planning.

#### *Master Exercise Practitioner Program (MEPP)*

The EMI MEPP is a performance-based curriculum that focuses on the competencies required to plan, develop, design, conduct, and evaluate jurisdiction-specific exercises. The resident MEPP consists of three resident courses and eight proficiency demonstration activities, and the nonresident MEPP requires completion of several independent study courses and several additional courses administered by the appropriate State emergency management agency. A nonresident MEPP candidate may complete the training and proficiency demonstration requirements by enrolling in the exercise practicum, a unique self-directed series of 11 proficiency demonstrations. The MEPP candidate is challenged to apply the knowledge, skills, and abilities acquired through participation in Comprehensive Exercise Curriculum courses to emergency management exercises. Additional information is available at <http://training.fema.gov>.

#### *State-Provided Exercise Training*

Many States offer exercise design, conduct, evaluation, and program management courses through State-run training centers or in conjunction with Federal agencies. For example, the California Office of Emergency Services' Readiness Program includes several exercise-related training courses for members of the California homeland security community. New Jersey and



New York engage responders in and provide credit for participation in the FEMA Professional Development Series and Advanced Professional Series, each of which involves exercise design and management courses. Numerous States, including Florida, provide regular HSEEP evaluation methodology training for exercise planners statewide.

### TECHNICAL ASSISTANCE

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The DHS provides technical assistance to help jurisdictions resolve problems and create innovative approaches to preparedness. Technical assistance is available to conduct workshops, address the findings of After Action Reports (AARs) and Improvement Plans (IPs), prepare jurisdictions to conduct exercises, guide use of capabilities-based planning tools, and assist with other focused program activities.

### TECHNOLOGY

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#### *HSEEP Web Site*

All HSEEP reference manuals and materials are available on the HSEEP Web site and in the HSEEP Volume IV Library, which provides an environment in which exercise documents and materials are posted and continually updated or enhanced. Exercise guidance is found in HSEEP Volumes I through III, and the HSEEP Volume IV Library contains sample exercise documentation.

#### *HSEEP Toolkit*

The HSEEP Toolkit provides users with a scheduling tool, project management tool, and comprehensive tutorial for the design, development, conduct, and evaluation of exercises. This step-by-step program equips exercise planners with the appropriate templates and guidance for developing master task lists, timelines, and exercise documentation in an online, user-friendly environment. The HSEEP Toolkit can be accessed from the HSEEP Web site. Any user can create a new exercise; however, existing exercises require permission from the lead exercise planner.

#### *Lessons Learned Information Sharing (LLIS)*

Exercises and the resulting AARs and IPs not only provide lessons for exercise participants, they offer a valuable source of information that can be analyzed at the national level to identify lessons learned and best practices that can be shared to enhance preparedness across the country. Lessons learned encompass knowledge and experience, both positive and negative, derived from observations and the study of actual operations, training, and exercises. Best practices encompass peer-validated techniques, procedures, and solutions that work and are solidly grounded in actual experience in operations, training, and exercises. Exercise AARs should identify lessons and highlight exemplary practices and may be submitted for inclusion in the LLIS system ([www.llis.gov](http://www.llis.gov)), which serves as a national network for generating, validating, and disseminating lessons learned and best practices.

This network, developed by the Memorial Institute for the Prevention of Terrorism (MIPT) with support and oversight from the DHS, is designed to help emergency responders, homeland security officials, and healthcare professionals learn from each other and share information. LLIS



# FEMA

## HSEEP Implementation Resources

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offers access to a wide variety of original best practices and lessons learned, developed in consultation with frontline emergency responders and validated by emergency response and homeland security professionals. In addition to providing original best practices and lessons learned, the system also serves as a clearinghouse for domestic preparedness documents, exercises, events, and news.





### **Border and Transportation Security: Transportation Security Administration (TSA)**

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The TSA is responsible for intermodal transportation security planning, prevention and protection measures, and preparedness initiatives. The TSA is implementing a National Intermodal Transportation Security Exercise and Evaluation Program (NITSEEP) as a mechanism to evaluate the effectiveness of the transportation industry's security plans and ensure the national transportation system's preparedness to withstand or respond to a terrorist attack. The TSA recognizes the Homeland Security Exercise and Evaluation Program (HSEEP) as an effective tool for the transportation industry to use to meet the intent of TSA regulations. Therefore, the TSA recommends that owners and operators subject to its regulations follow the guidelines set forth in HSEEP to fulfill the program requirements. This will increase the awareness of responsible agencies of the critical processes, issues, and activities that arise during and following a transportation security incident as well as mitigation strategies.

The TSA will deliver a series of exercises and requisite training to port communities to:

- Foster and support institutional relationships within the port environment, including the transportation industry, transportation security managers, emergency managers, enforcement agencies, emergency responders, medical professionals, media and security personnel, and all others involved in preparing for and responding to a transportation security incident
- Develop stakeholder proficiency with checklists and standard operating procedures (SOPs) for continuity of transportation operations during and after a transportation security incident, and recommend training and other actions based on evaluated exercises
- Establish an environment conducive to supporting a sustained information sharing process and routine interaction between responsible agencies and the transportation industry involved in managing transportation systems during a transportation security incident

### **Emergency Preparedness and Response: Federal Emergency Management Agency (FEMA)**

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#### *Chemical Stockpile Emergency Preparedness Program (CSEPP)*

The CSEPP is a partnership between FEMA and the U.S. Army that intends to help communities surrounding the eight U.S. chemical stockpile sites enhance their abilities to respond to a chemical agent emergency. CSEPP exercises focus on partnerships among Federal, State, and local jurisdictions involved in the program, which is administered through the States.

CSEPP communities have been recognized nationally for their ability to respond to all hazards. Many of the lessons learned via CSEPP are used in industry; CSEPP uses partnerships with other public safety organizations to ensure that this knowledge has the greatest benefit for the most people.

CSEPP activities include:

- Improving public warning capabilities
- Building and upgrading state-of-the-art Emergency Operations Centers (EOCs)





- Training emergency managers and first responders
- Conducting functional exercises (FEs) to improve readiness
- Increasing public knowledge and understanding of protective actions
- Installing and testing filtration systems for schools to ensure children's safety
- Studying emergency response options to determine the best way to protect communities
- Training doctors and nurses to treat victims of chemical agent exposure

### *Radiological Emergency Preparedness (REP) Program*

The mission of the REP Program is to enhance planning, preparedness, and response for all types of peacetime radiological emergencies among Federal, State, and local governments and the private sector and to ensure that adequate offsite emergency plans and preparedness are in place and can be implemented by State and local governments. Emergency plans must protect the health and safety of the public living in the vicinity of commercial nuclear power plants and must be evaluated through biennial exercises.

### *Metropolitan Medical Response System (MMRS)*

The purpose of the MMRS is to develop or enhance existing emergency preparedness systems to effectively respond to a public health crisis, especially a weapons of mass destruction (WMD) incident. Through preparation and coordination, local law enforcement, fire, hazardous materials (HazMat), emergency medical services (EMS), hospital, public health, and other first-responder personnel plan how to more effectively respond during the first 48 hours of a public health crisis.

## **U.S. Coast Guard (USCG)**

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### *National Preparedness for Response Exercise Program (PREP)*

The U.S. Coast Guard (USCG) National Preparedness for Response Exercise Program (PREP) establishes an exercise program that meets the intent of section 4202(a) of the Oil Pollution Act of 1990 (OPA 90), amending section 311(j) of the Federal Water Pollution Control Act (FWPCA).

As described in the National Oil and Hazardous Substances Pollution Contingency Plan (NCP 40 CFR 300), PREP focuses on exercise and evaluation of government area contingency plans and industry spill response plans (i.e., oil and hazardous substances). PREP is a coordinated effort of the four Federal agencies with responsibility for oversight of private-sector oil and hazardous substance pollution response preparedness: the USCG, U.S. Environmental Protection Agency (EPA), U.S. Department of Transportation Research and Special Programs Administration, and U.S. Department of the Interior Minerals Management Service. These agencies worked with Federal, State, and local governments; the oil and marine transportation industry; cleanup contractors; and the general public to develop the program.

PREP meets the OPA mandate for exercises and represents minimum guidelines for ensuring overall preparedness within the response community. It also recognizes the economic and operational constraints faced by those affected by the exercise requirements. The guidelines, which are reviewed periodically through a public workshop process, outline an exercise program that satisfies the exercise requirements of the four Federal regulatory agencies.



PREP requires each industry response plan holder and government area contingency plan holder to engage in a series of exercises aimed at assessing the entire plan over a 3-year cycle. Most of these exercises are conducted wholly within the plan holder's organization each year, including:

- Quarterly notification exercise to assess internal communications and coordination
- Quarterly emergency procedures exercise to assess initial actions of facility or vessel personnel in the event of a spill emergency
- Equipment deployment exercise to assess capability of response personnel and equipment in executing response strategies contained in the plan (semiannually if owned, annually if contracted)
- Annual spill management team exercise to assess plan holder's spill response management organization and its ability to implement and manage response plan strategies and resources
- Unannounced exercise using one or more of the above exercise types to assess ongoing readiness to respond quickly in an emergency (at least annually)

Government and industry plan holders also interact in external exercises. For example:

- Federal agencies initiated a maximum of four unannounced exercises in each contingency planning area, in which the government oversight agency requires an industry plan holder to initiate response to a small discharge, including equipment mobilization and deployment.
- Once every 3 years, each USCG and EPA contingency planning area holds an area exercise involving major joint government and industry plan holders to assess cooperation, compatibility, and adequacy of strategies. It must include both the spill management team and equipment deployment exercises.

### *Spill of National Significance (SONS) Exercise Program*

A SONS is a rare catastrophic oil or hazardous substance spill event that captures national attention and requires the coordinated response of multiple Federal and State agencies over an extended period of time.

The USCG SONS Exercise Program increases awareness of USCG response protocols in place for responding to a catastrophic spill event. The exercise allows senior administration officials at both the regional and national levels to practice emergency interaction with Congress, the States, and industry in a nonemergency environment. The program's major objectives are:

- Increase national preparedness for a SONS scenario by engaging all levels of spill management in a coordinated response.
- Improve, through practice, the ability of the National Incident Commander (NIC) organization to manage a SONS incident.
- Maintain awareness by agency heads and lawmakers in Washington, D.C., of their role during a SONS response.



A SONS exercise typically consists of field, regional, and headquarters components all connected by a common scenario. The field-level exercise is a full-scale exercise (FSE) that tests the area contingency plan for one or more port areas. The NIC-level exercise tests a regional contingency plan and internal USCG policy directives and their ability (as they relate to the NIC) to effectively manage a SONS and supports the field and headquarters components. The headquarters-level exercise brings together senior agency officials and industry representatives to discuss interagency issues and responsibilities. It tests the national contingency plan and appropriate USCG policy as they relate to a SONS response.

SONS exercises are conducted approximately every 2 to 3 years, alternating among East Coast, Gulf Coast, West Coast, and Great Lakes scenarios.

### **U.S. Department of Health and Human Services (HHS)/Centers for Disease Control and Prevention (CDC)**

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#### *Strategic National Stockpile (SNS) Exercises*

An act of terrorism (or a large-scale natural disaster) that targets the U.S. civilian population will require rapid access to large quantities of pharmaceuticals and medical supplies; such quantities may not be readily available unless special stockpiles are created. No one can anticipate exactly where a terrorist will strike, and few State or local governments have the resources to create sufficient stockpiles. Therefore, a national stockpile has been created as a resource for all.

The Homeland Security Act of 2002 tasked the U.S. Department of Homeland Security (DHS) with defining the goals and performance requirements of the SNS program (formerly the National Pharmaceutical Stockpile) as well as managing the actual deployment of its assets. In 2004, management of the program was returned to the HHS. The HHS works with the DHS and other governmental and nongovernmental partners to upgrade the Nation's response capacity. Ensuring capacity is developed at the Federal, State, and local levels to receive, stage, and dispense SNS assets is critical to the success of this initiative.

The SNS program is committed to participating in one external (defined as involving an actual deployment of personnel and material) exercise each month. The SNS exercise lifecycle formalizes the process the SNS program uses to receive, process, and approve requests for exercise participation. The SNS exercise lifecycle spans more than 10 months: 9 months before and 1 month after the date of the exercise. Requests for SNS exercise support should be submitted a minimum of 9 months before an exercise; SNS exercise support is in high demand and may exceed the program's current capability. The SNS program also needs recovery time to refit specialized cargo containers and prepare them for shipment to the next exercise. The program prioritizes requests based on the order of receipt; the educational value of the request; previous opportunities provided to the requesting agency; resource requirements; and the exercise's proposed goals, objectives, and plans. Only the office of the director has the authority to commit SNS program participation in an exercise.



# FEMA

## FEMA National Exercise Division Exercise Resources

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The following resources are available from the Federal Emergency Management Agency (FEMA) National Exercise Division (NED).

### Grant Funding

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As part of their formula grant awards, States and urban areas receive exercise funding from the FEMA NED. These funds may be used for the following purposes:

- Expenses related to convening a statewide Training and Exercise Planning Workshop (TEPW)
- Hiring of full- or part-time staff members or contractors/consultants to support exercise activities
- Overtime for first responders and exercise management personnel involved in planning and conducting exercises
- Travel associated with planning and conducting exercises
- Supplies consumed during the course of planning and conducting exercises
- Costs related to Homeland Security Exercise and Evaluation Program (HSEEP) implementation, including reporting of scheduled exercises and tracking and reporting of After Action Reports (AARs) and Improvement Plans (IPs) from exercises
- Other costs related to planning and conducting exercise activities, including supplementing exercise programs funded or required by other Federal agencies

### Regional Exercise Support Program (RESP)

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The Post-Katrina Emergency Management Reform Act of 2006 enabled FEMA and the U.S. Department of Homeland Security (DHS) to integrate their support and coordination activities to ensure the effectiveness and consistency of ongoing initiatives. To facilitate this integrated approach, the Direct Support Program has been aligned with the FEMA regional organizational structure as the new Regional Exercise Support Program (RESP). As with the former Direct Support Program, the new RESP is HSEEP compliant and continues to serve as a model for exercise development and conduct for stakeholders across the Nation.

The purpose of the RESP is to provide support to regionally coordinated exercise initiatives. The RESP supports regional, State, territorial, tribal, local, and Urban Area Security Initiative (UASI)-designated metropolitan area exercise initiatives. Specifically, the program provides:

- Facilitation of TEPWs
- Delivery of the HSEEP Training Course
- Exercise support

The following jurisdictional entities are eligible for exercise support through the RESP:

- FEMA Regions
- States



# FEMA

## FEMA National Exercise Division Exercise Resources

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- Territories
- Federally recognized tribes (FRTs)
- UASI-designated metropolitan areas
- Local jurisdictions

All applications originating from States, territories, and FRTs must be coordinated through the appropriate FEMA Regional Exercise Officer (REO). Visit [www.fema.gov/about/contact/regions.shtm](http://www.fema.gov/about/contact/regions.shtm) to identify the appropriate REO for your application. All applications originating from local and UASI-designated metropolitan area jurisdictions must be coordinated and submitted through the State Administrative Agency (SAA).



This document includes multiple biological agents. It is not necessary to include the entire collection when using this information as an appendix. When including this file as an appendix, remove all agents except those that are relevant to the exercise.

Biological agents contained in this document include:

Anthrax .....	1
Botulism.....	2
Brucellosis.....	3
Cholera.....	4
Plague.....	5
Q Fever.....	6
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Tularemia .....	9
Variola (Smallpox).....	10
Venezuelan Equine Encephalitis (VEE) .....	11

### **Anthrax**

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**Description of Agent.** Anthrax is a highly lethal infection caused by infection with the Gram-positive bacterium *Bacillus anthracis*. In naturally acquired cases, organisms usually gain entrance through skin wounds (causing a localized infection), but may be inhaled or ingested. Intentional release by belligerents or terrorist groups would presumably involve the aerosol route because the spore form of the bacillus is quite stable and possesses characteristics ideal for the generation of aerosols.

**Signs and Symptoms.** The incubation period for inhalational anthrax is 1 to 6 days. Fever, malaise, fatigue, coughing, and mild chest discomfort are rapidly followed by severe respiratory distress with dyspnea, diaphoresis, stridor, and cyanosis. Shock and death occur within 24 to 36 hours of the onset of severe symptoms. In cases of cutaneous anthrax, a papule develops, then vesicates, finally developing into a black eschar surrounded by moderate to severe edema. The lesions are usually painless. Without treatment, the disease may progress to septicemia and death, with a case fatality rate of 20 percent. With treatment, fatalities are rare.

**Diagnosis.** Physical findings are typically nonspecific in inhalational cases, with initial complaints of malaise, fever, headache, and possibly substernal chest pain. A widened mediastinum is sometimes seen on x-ray late in the course of illness and correlates with a pathologic finding of hemorrhagic mediastinitis, the “classic” presentation of inhalational anthrax. The bacterium may be detected by a Gram stain of blood and blood culture late in the course of the illness.

**Treatment.** Although usually ineffective in inhalational cases once symptoms are present, antibiotic treatment with high-dose penicillin, ciprofloxacin, or doxycycline should nonetheless be administered. Although typically sensitive to penicillin, resistant isolates are readily produced in the laboratory. For this reason, in the case of an intentional release and in the absence of antibiotic sensitivity data, treatment should be initiated with intravenous ciprofloxacin (400 mg q





8 to 12 hours) or intravenous doxycycline (200 mg initially, followed by 100 mg q 12 hours). Supportive therapy may be necessary.

**Prophylaxis.** A licensed vaccine is available for those at risk of exposure. Vaccination is undertaken at 0, 2, and 4 weeks (initial series), followed by booster doses at 6, 12, and 18 months, and then yearly. Oral ciprofloxacin (500 mg po bid) or doxycycline (100 mg po bid) is useful in cases of known or imminent exposure. Following confirmed exposure, all nonimmunized individuals should receive three 0.5 ml SQ doses of vaccine during 30 days, while those vaccinated with less than three doses prior to exposure should receive an immediate 0.5 ml booster. Anyone vaccinated with the initial three-dose series in the previous 6 months does not require boosters. All exposed personnel should continue antibiotic therapy for 4 weeks. If vaccine is unavailable, antibiotics may be continued beyond 4 weeks and should be withdrawn only under medical supervision.

**Decontamination and Isolation.** Drainage and secretion precautions should be practiced. Anthrax is not known to be transmitted via the aerosol route from person to person. Following invasive procedures or autopsy, instruments and surfaces should be thoroughly disinfected with a sporicidal agent (high-level disinfectants such as iodine or 0.5 percent sodium hypochlorite).

**Outbreak Control.** Although anthrax spores may survive in the environment for many years, secondary aerosolization of such spores (e.g., pedestrian movement or vehicular traffic) generally presents no problem for humans. The carcasses of animals dying in such an environment should be burned, and animals subsequently introduced into such an environment should be vaccinated. Meat, hides, and carcasses of animals in affected areas should not be consumed or handled by untrained and/or unvaccinated personnel.

### Botulism

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**Description of Agent.** Botulinum toxins are a group of seven related neurotoxins (types A to G) produced by the anaerobic bacterium *Clostridium botulinum*. They are typically formed in canned foods and subsequently ingested, although the spore form of the organism may occasionally enter the body through wounds or the gastrointestinal tract before germinating and producing toxin. Intentional release by belligerents or terrorists would likely involve aerosolization of preformed toxin, which could then produce disease via the inhalational route. Deliberate contamination of food supplies is also possible. Botulinum toxins act by blocking acetylcholine release at the neuromuscular junction and in the central and peripheral nervous systems. In large numbers of casualties and/or in the absence of prompt, intensive, and long-term medical management, botulism can be a lethal agent.

**Signs and Symptoms.** Ptosis, generalized weakness, dizziness, dry mouth and throat, blurred vision and diplopia, dysarthria, dysphonia, and dysphagia are followed by symmetrical descending flaccid paralysis and the development of respiratory failure. Symptoms may begin 12 to 36 hours following ingestion or inhalation, but may require several days in some cases.

**Diagnosis.** Since there are no specific laboratory findings, the diagnosis of botulism is made clinically and is a limited differential diagnosis. Assays for toxin are not widely available. Intentional release should be suspected if numerous collocated casualties present themselves with progressive descending bulbar, muscular, and respiratory weakness.



**Treatment.** Supportive care is the mainstay of therapy and consists chiefly of intubation and ventilatory assistance for respiratory failure. A tracheostomy may be required. A licensed trivalent equine botulinum antitoxin (types A, B, and E) is available through the Centers for Disease Control and Prevention (CDC) and should be administered as soon as possible to bind toxin remaining in the circulation. An investigational heptavalent despeciated product, also prepared in horses, is available through the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) in Fort Detrick, MD. Skin testing should be performed before administration of equine antitoxins.

**Prophylaxis.** A pentavalent toxoid (types A, B, C, D, and E) is available through USAMRIID as an investigational product for those at high risk of exposure. Doses (0.5 ml) are given subcutaneously at 0, 2, and 12 weeks, with yearly boosters.

**Decontamination and Isolation.** Surfaces contaminated by toxin may be decontaminated using soap and water or 0.5 percent hypochlorite. Spores are best killed by pressure cooking of foodstuffs to be canned. Toxin is not dermally active (although spores may enter through skin wounds), and secondary aerosols from affected patients pose no risk of botulism transmission.

**Outbreak Control.** Intentionally released aerosols of botulinum toxin probably pose little risk beyond the immediate period of release. If contamination of foodstuffs is suspected, preformed toxin may be destroyed by boiling for 10 minutes.

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### Brucellosis

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**Description of Agents.** Human brucellosis is an infection caused by one of four species of Gram-negative coccobacilli of the genus *brucella*. *B. abortus* is usually a pathogen of cattle, while *B. melitensis*, *B. suis*, and *B. canis* are pathogens of goats, pigs, and dogs, respectively. Organisms are acquired by humans via the oral route through the ingestion of unpasteurized milk and cheese, via inhalation of aerosols generated on farms and in slaughterhouses, or via inoculation of skin lesions in persons with close animal contact. Intentional exposure by terrorists would likely involve aerosolization, but could involve contamination of foodstuffs.

**Signs and Symptoms.** The incubation period is variable, with symptoms often requiring months to appear; this marked variability would appear to temper somewhat the use of brucellae as weapons. Symptoms of acute and subacute brucellosis are quite nonspecific and include irregular fever, headache, profound weakness and fatigue, chills and sweating, and generalized arthralgias and myalgias. Depression and mental status changes are noteworthy. Osteoarticular complications, particularly involving the axial skeleton (sacroiliitis and vertebral osteomyelitis) are common. Fatalities are uncommon, even without therapy.

**Diagnosis.** Naturally occurring cases may often be suspected based on a history of close animal contact or consumption of implicated foodstuffs. Brucellae may be isolated from standard blood cultures, but require a prolonged period of incubation; cultures should be maintained for 6 weeks if brucellosis is suspected. Bone marrow cultures yield the diagnosis in a higher percentage of cases than do peripheral blood cultures. A serum agglutination test is available and often helpful.





**Treatment.** Doxycycline (100 mg po bid) plus rifampin (600 to 900 mg po qd) administered for 6 weeks is the regimen of choice for uncomplicated brucellosis. Doxycycline plus streptomycin, TMP/SMX plus gentamicin, and ofloxacin plus rifampin are acceptable alternative regimens.

**Prophylaxis.** Avoidance of unpasteurized milk products and appropriate veterinary vaccination practices are sufficient to prevent most naturally occurring brucellosis. Persons inadvertently exposed to veterinary vaccine strains of brucella have been successfully prophylaxed with doxycycline plus rifampin for 10 days. No human brucellosis vaccine is available in the western world.

**Decontamination and Isolation.** Drainage and secretion precautions should be practiced in patients who have open skin lesions; otherwise, no evidence of person-to-person transmission of brucellosis exists. Animal remains should be handled using universal precautions and disposed of properly. Surfaces contaminated with brucella aerosols may be decontaminated by standard means (0.5 percent hypochlorite).

**Outbreak Control.** During an intentional release of brucella organisms, it is possible livestock will become infected. Thus, animal products in such an environment should be pasteurized, boiled, or thoroughly cooked before consumption. Proper treatment of water by boiling or iodination is also important in an area intentionally contaminated with brucella aerosols.

### Cholera

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**Description of Agent.** Cholera is an infection caused by the bacterium *vibrio cholerae* and acquired through the ingestion of contaminated water or food. The disease manifests itself as a watery (secretory) diarrhea so profuse that supplies of intravenous fluids are often exhausted during epidemics. Intentional use by terrorists would presumably involve contamination of food or water sources. Cholera is incapacitating. In the context of war, where there may be a large number of casualties and a breakdown in medical care, a large number of deaths may occur.

**Signs and Symptoms.** The incubation period is 1 to 5 days. Although a large number of infected persons remain asymptomatic, the classic form of cholera is noted for its severity and sudden onset. Vomiting, abdominal distention, and pain with little or no fever are followed rapidly by a profuse, watery diarrhea with a “rice water” appearance. Fluid losses may readily exceed 10 liters per day. Without treatment, death may result from severe dehydration, hypovolemia, and shock.

**Diagnosis.** The clinical diagnosis is typically made based on profound watery diarrhea and consequent dehydration. Microscopic examination of stool samples reveals few or no red or white blood cells. The organism may be identified in stool samples by darkfield or phase contrast microscopy and grows on a variety of culture media.

**Treatment.** The mainstay of therapy is fluid and electrolyte replacement. This can be accomplished by using oral rehydration salts or diluted Gatorade in less severe cases; intravenous fluids are often required in cases of severe dehydration. Antibiotics shorten the duration of diarrhea and decrease fluid loss: tetracycline (500 mg q 6 hours x 3 days) or doxycycline (300 mg once or 100 mg q 12 hours x 3 days) are reasonable choices. Concerns about tetracycline resistance have recently arisen, and ciprofloxacin (500 mg q 12 hours x



3 days), erythromycin (500 mg q 6 hours x 3 days), furazolidone (100 mg q 6 hours), or TMP/SMX (320 mg TMP bid) may also be considered.

**Prophylaxis.** A licensed, killed vaccine is available but is only modestly effective, providing about 50 percent protection for no more than 6 months. Vaccinations are given at 0 and 4 weeks, with booster doses every 6 months. Vaccine dose varies with age and route of administration; intradermal, subcutaneously, and intramuscular injections are acceptable delivery means. The limited efficacy of the preparation has led most public health authorities to recommend against vaccination under most circumstances.

**Decontamination and Isolation.** Personal contact rarely causes infection; however, enteric precautions and careful hand washing should be employed. Gloves should be used for patient contact and specimen handling. Bactericidal solutions, such as 0.5 percent hypochlorite, provide adequate surface decontamination.

**Outbreak Control.** Persons must avoid contaminated water in an outbreak area. Drinking water as well as water used in bathing, washing utensils, and cooking must be obtained from a safe source or boiled or chlorinated before use.

### Plague

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**Description of Agent.** Plague is an infectious disease caused by the Gram-negative, bipolar-staining bacterium *Yersinia pestis*. Naturally occurring plague is most often acquired by the bite of a flea that had previously fed on infected rodents. In such cases, plague classically presents itself as a localized abscess with secondary formation of large, fluctuant regional lymph nodes known as buboes (bubonic plague). Plague may also be transmitted via aerosol and by inhalation of sputum droplets from coughing patients. In such instances, a primary pneumonic form may develop and, in the absence of prompt therapy, progress rapidly to death within 2 to 3 days. Intentional release by terrorists would presumably involve aerosolization but could also involve the release of infected fleas. Plague may be considered a lethal agent.

**Signs and Symptoms.** Pneumonic plague has an incubation period of 2 to 3 days and begins with high fever, chills, headache, hemoptysis, and toxemia, progressing rapidly to dyspnea, stridor, and cyanosis. Death results from respiratory failure, circulatory collapse, and bleeding diatheses. Bubonic plague has an incubation period of 2 to 10 days and presents itself with malaise, high fever, and tender buboes. Bubonic plague may progress spontaneously to the septicemic form, with spread to the central nervous system (CNS), lungs, and elsewhere.

**Diagnosis.** To ensure prompt therapy, plague must be suspected clinically. A presumptive diagnosis may also be made by Gram or Wayson stain of lymph node aspirates, sputum, or cerebrospinal fluid. The plague bacillus may be readily cultured from aspirates of buboes or from the blood of septicemic patients.

**Treatment.** Early administration of antibiotics is effective but must be started within 24 hours of onset of symptoms in pneumonic plague. The treatment of choice is streptomycin (30 mg/kg/day intramuscular in two divided doses x 10 days) or gentamicin (2 mg/kg, then 1.0 to 1.5 mg/kg q 8 hours x 10 days). Intravenous doxycycline (200 mg, then 100 mg q 12 hours x 10 to 14 days) is



also effective; chloramphenicol should be added in cases of plague meningitis. Supportive therapy is typically required for pneumonic and septicemic forms.

**Prophylaxis.** A licensed, killed vaccine is available. The primary vaccination series consists of a 1.0 ml intramuscular dose initially, followed by 0.2 ml doses at 1 to 3 months and 3 to 6 months. Booster doses are given at 6, 12, and 18 months, and then every 1 to 2 years. Since this vaccine appears in animal experiments to offer no protection against aerosol exposure, victims of a suspected attack with aerosolized plague, or respiratory contacts of coughing patients, should be given doxycycline (100 mg po bid x 7 days or the duration of exposure, whichever is longer).

**Decontamination and Isolation.** Drainage and secretion precautions should be employed in managing patients with bubonic plague; such precautions should be maintained until the patient has received antibiotic therapy for 48 hours and demonstrated a favorable response to such therapy. Care must be taken when handling or aspirating buboes to avoid aerosolizing infectious material. Strict isolation is necessary for patients with pneumonic plague.

**Outbreak Control.** During the intentional release of plague into an area, it is possible that local fleas and rodents could become infected, initiating a cycle of enzootic and endemic disease. Such a possibility would appear more likely during a breakdown in public health measures (e.g., vector and rodent control) that might accompany armed conflict. Care should be taken to rid patients and contacts of fleas using a suitable insecticide; flea and rodent control measures should be instituted in areas where plague cases have been reported.

### Q Fever

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**Description of Agent.** Q fever is caused by infection with the rickettsial organism *Coxiella burnetii* and is typically spread by inadvertent aerosolization of organisms from infected animal products, especially the placentas of parturient sheep and goats. Person-to-person transmission rarely, if ever, occurs. Intentional release by terrorists would presumably involve aerosolization, and Q fever would likely be employed as an incapacitating agent since its mortality rate is low (1 to 3 percent).

**Signs and Symptoms.** Q fever typically presents itself as an undifferentiated febrile illness, with fever, chills, cough, headache, weakness, and pleuritic chest pain occurring as early as 10 days after exposure. Onset may be sudden or insidious. Pneumonia is present in some cases, but pulmonary syndromes are usually not prominent. Generally, patients are not critically ill, and the illness lasts from 2 days to 2 weeks. Rarely, *Coxiella burnetii* may cause a peculiar form of chronic endocarditis, which is largely responsible for the few fatal cases.

**Diagnosis.** Q fever is not a clinically distinct illness and may resemble a viral illness or other type of atypical pneumonia. The organism is readily aerosolized, and a single organism may cause human disease. Consequently, cultivation of the organism represents a significant hazard to laboratory personnel and the diagnosis should be confirmed serologically.

**Treatment.** Q fever is generally a self-limited illness even without treatment. Tetracycline (500 mg q 6 hours) or doxycycline (100 mg q 12 hours) are the treatments of choice and are given orally for 5 to 7 days. Chloramphenicol would also be effective but is rarely warranted.



Chronic forms of coxiella infection are problematic to treat and should be referred to specialists for care.

**Prophylaxis.** Treatment with tetracycline or doxycycline beginning 8 to 12 days following exposure and continued for 5 days should prevent the onset of symptoms. An inactivated whole cell vaccine is available as an investigational agent through USAMRIID and is effective in eliciting protection against exposure; however, severe local reactions to this vaccine may be seen in the sizable minority of the population who already possess immunity. Skin testing of potential vaccine recipients is thus recommended.

**Decontamination and Isolation.** Patients exposed to Q fever by the aerosol route do not present a risk for secondary contamination or reaerosolization of the organism. Decontamination is accomplished with soap and water or by using weak (0.5 percent) hypochlorite solutions.

**Outbreak Control.** Sporelike forms of *Coxiella burnetii* may withstand harsh conditions and persist in the environment for prolonged periods. Presumably, animals, especially sheep, in such areas would be at risk for acquiring infection, and contact with the products of pregnancy of such animals would represent a continuing hazard to humans. Little information exists to permit assessment of direct long-term hazards to humans entering an area contaminated by intentional release of aerosolized Q fever.

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### Ricin

**Description of Agent.** Ricin is a protein toxin that acts as a cellular poison and is readily produced from castor beans (*Ricinus communis*) that occur throughout the world. Waste from the commercial production of castor oil contains 5 percent ricin, making it easy for such a substance to fall into the hands of bioterrorists. Naturally occurring cases of ricin intoxication involve ingestion of castor beans and are marked by severe gastrointestinal symptoms, vascular collapse, and death. Since ricin is toxic by numerous exposure routes, its use by terrorists might involve poisoning water or foodstuffs, inoculation via ricin-laced projectiles, or aerosolizing liquid ricin or lyophilized powder. When used as an aerosol, cell death in lung tissue and pulmonary capillaries could lead to pulmonary edema and hypoxic respiratory failure.

**Signs and Symptoms.** When inhaled as a small-particle aerosol, ricin could produce symptoms within 8 hours. Fever, cough, dyspnea, nausea, and chest tightness are followed by profuse sweating, development of pulmonary edema, cyanosis, hypotension, and finally respiratory failure and circulatory collapse. Time of death could be 36 to 72 hours, depending on the dose received.

**Diagnosis.** The diagnosis of ricin intoxication is largely clinical and should be suspected in a setting of mass casualties with a similar and appropriate clinical picture. Failure to respond to antibiotics helps to differentiate ricin exposure from pulmonary infections produced by bacterial agents. An enzyme-linked immunosorbent assay (ELISA) exists and may be performed on paired acute and convalescent sera.

**Treatment.** No specific treatment exists, thus care is supportive. In cases of gastrointestinal exposure, gut decontamination via lavage, activated charcoal, and cathartics is warranted. Large amounts of volume replacement may be necessary.



**Prophylaxis.** A protective mask offers protection from aerosol exposure, but no specific vaccine or antitoxin exists.

**Decontamination and Isolation.** Ricin may be inactivated with 0.5 percent hypochlorite. Since it is not dermally active and is involatile, decontamination may not be as critical as with certain other biological and chemical agents.

**Outbreak Control.** Ricin does not generally pose a risk of secondary aerosolization.

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### Staphylococcal Enterotoxin B Disease

**Description of Agent.** Staphylococcal enterotoxin B (SEB) is one of several toxins produced by the bacterium *Staphylococcus aureus*. SEB is a common contributor to staphylococcal food poisoning, but it could be employed by terrorists as an aerosolized inhalational agent. It is incapacitating but would rarely be expected to produce lethality.

**Signs and Symptoms.** Symptoms could begin 3 to 12 hours after aerosol exposure and consist of sudden onset of fever, chills, headache, myalgia, and nonproductive cough. Some patients may develop shortness of breath and retrosternal chest pain. Fever may last 2 to 5 days, and cough may persist for up to 4 weeks. Patients ingesting toxin might present themselves with nausea, vomiting, and diarrhea. High exposure levels may lead to pulmonary edema and, rarely, death.

**Diagnosis.** The diagnosis of SEB intoxication is largely clinical. Since inhalational disease due to SEB is not encountered naturally, its presence strongly indicates intentional aerosolization. In this regard, one would expect to see a large number of patients present with a febrile respiratory syndrome but without chest x-ray abnormalities.

**Treatment.** Treatment is limited to supportive care. Artificial ventilation may be required in severe cases, and attention to fluid management is important. Antibiotics are not helpful, and an antitoxin has not been developed.

**Prophylaxis.** There is no human vaccine available to prevent SEB intoxication. As with all potential inhalational biological agents, protective masks such as those employed by military units offer excellent protection in individuals alert to the possibility of attack.

**Decontamination and Isolation.** Decontamination of most surfaces may be accomplished with soap and water or exposure to 0.5 percent hypochlorite solution. Food that may have been contaminated should be destroyed.

**Outbreak Control.** Prolonged environmental contamination would not be expected following release of aerosolized SEB.

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### Tricothecene Mycotoxicosis

**Description of Agent.** The tricothecene mycotoxins are a large group of low-molecular-weight toxins produced by several species of filamentous fungi. Most are potent inhibitors of eukaryotic protein synthesis and mitochondrial respiration. Those toxins most frequently isolated from agricultural products, and likewise mentioned most often in the context of terrorist use, include diacetoxyscirpenol (DAS), Nivalenol, 4-Deoxynivalenol (DON), and especially T-2. T-2 is one of the most stable of these toxins and thus, perhaps, the most likely to be employed in a terrorist





application. Naturally occurring mycotoxicosis presents itself as alimentary toxic aleukia, a lethal condition related to the consumption of moldy grains. Intentional use of T-2 by terrorists might involve aerosolization or the deliberate contamination of foodstuffs. Disease results from inhalation, ingestion, or skin contact, since T-2, unlike other biological weapons agents, possesses significant vesicant properties.

**Signs and Symptoms.** Dermal exposure leads to symptoms within minutes and manifests itself as erythema accompanied by pain and a burning sensation. Blisters form and progress to necrosis with a leathery blackening of the skin. Inhalational exposure produces a rapid onset of nose and throat pain, with nasal discharge, cough, dyspnea, wheezing, chest pain, and hemoptysis. Eyes are likewise affected with intense burning and a foreign body sensation. Gastrointestinal exposure leads to anorexia, nausea, abdominal cramping, hematemesis, and hematochezia. Systemic toxicity may follow exposure by any route and is manifested by weakness and ataxia, followed, in fatal cases, by tachycardia, hypothermia, and hypotension. Survivors of acute illness may manifest hematologic toxicity in the subacute phase.

**Diagnosis.** Prompt diagnosis is based on clinical and epidemiologic grounds. Blood, tissue, and environmental samples may be assayed for confirmatory evidence using gas-liquid chromatography and mass spectrometry.

**Treatment.** Therapy is largely supportive. Standard poison management techniques such as using superactivated charcoal are useful when administered early to casualties with gastrointestinal exposure.

**Prophylaxis.** Physical means, such as protective masks, are the only available protection. Unlike most other biological weapons agents, the skin must also be protected against mycotoxin attack.

**Decontamination and Isolation.** Clothing of T-2 victims should be removed and treated (exposed to 5 percent hypochlorite for 6 to 10 hours) or destroyed. Skin may be decontaminated with soap and water. Eye exposure should be managed with copious saline irrigation. Isolation is not required. Instruments and surfaces should be decontaminated by heating to 500 °F for 30 minutes or by brief exposure to 1 molar sodium hydroxide (1N NaOH). Standard disinfectants effective against most other biological weapons agents are often inadequate to inactivate the stable mycotoxins.

**Outbreak Control.** Mycotoxin-induced disease is not contagious, but the stability of the toxins in the presence of heat and ultraviolet light allow the possibility of persistence in the environment following release.

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### Tularemia

**Description of Agent.** Tularemia is an infection caused by the Gram-negative coccobacillus *Francisella tularensis*. Two biogroups are known; biogroup tularensis, also known as type A, is the more virulent form, and is endemic in much of North America. Naturally acquired tularemia is contracted through the bites of certain insects (notably ticks and deerflies) or via contact with infected rabbits, muskrats, and squirrels. Intentional release by terrorists would presumably involve aerosolization of living organisms. Although naturally acquired tularemia has a case



fatality rate of approximately 5 percent, the pneumonic form of the disease, which would predominate in the setting of intentional release, would likely have a greater mortality rate.

**Signs and Symptoms.** Naturally acquired tularemia frequently has an ulceroglandular presentation, although a significant minority of cases involve the typhoidal or pneumonic forms. The incubation period averages 3 to 5 days but varies widely. Use of tularemia as a weapon would likely lead to a preponderance of pneumonic and typhoidal cases; large aerosolized inocula would be expected to shorten the incubation period. Ulceroglandular disease involves a necrotic, tender ulcer at the site of inoculation, accompanied by tender, enlarged regional lymph nodes. Fever, chills, headache, and malaise often accompany these findings. Typhoidal and pneumonic forms often involve significant cough, abdominal pain, substernal discomfort, and prostration in addition to prolonged fever, chills, and headache.

**Diagnosis.** Prompt diagnosis relies on clinical suspicion. Routine laboratory tests are rarely helpful, and *F. tularensis* does not typically grow in standard blood cultures, although special media are available for the culturing (under biosafety level 3 [BL-3] containment conditions) of blood, sputum, lymph node material, and wound exudates if the diagnosis is suspected. Serology is available to confirm the diagnosis in suspected cases.

**Treatment.** Streptomycin (7.5 to 15 mg/kg im q 12 hours for 7 to 14 days) is the drug of choice for all forms of tularemia. Gentamicin (3 to 5 mg/kg/d q 8 to 12 hours for 7 to 14 days) is an acceptable alternative. Relapses are more common with tetracycline (500 mg po q 6 hours for 14 days) therapy, although this alternative may be employed in patients who cannot tolerate aminoglycosides.

**Prophylaxis.** A live, attenuated vaccine is available as an investigational product through USAMRIID. It may be given to people such as laboratory workers who are at high risk of exposure. A single dose is administered by scarification. Intramuscular streptomycin will prevent disease following documented exposure but is not recommended following tick bites or animal contact.

**Decontamination and Isolation.** Tularemia is not transmitted person to person via the aerosol route, and infected persons should be managed with secretion and drainage precautions. Heat and common disinfectants (such as 0.5 percent hypochlorite) will readily kill *F. tularensis* organisms.

**Outbreak Control.** Following intentional release of *F. tularensis* in a given area, it is possible that local fauna, especially rabbits and squirrels, will acquire the disease, setting up an enzootic mammal-arthropod cycle. Persons entering such an area should avoid skinning and eating meat from such animals. Water supplies and grain in such areas might also become contaminated and should be boiled or cooked before consumption. Organisms contaminating soils are unlikely to survive for significant periods of time and present little hazard.

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### Variola (Smallpox)

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**Description of Agent.** Smallpox is an infection caused by the variola virus, a member of the chordopoxvirus family. Naturally occurring smallpox has been eradicated from the globe; the last case occurred in Somalia in 1977. Repositories of the virus are known to exist in only two laboratories worldwide. Monkeypox, cowpox, and vaccinia are closely related viruses that might



lend themselves to genetic manipulation and the subsequent production of a smallpox-like disease.

**Signs and Symptoms.** The incubation period of smallpox is about 12 days. Clinical manifestations begin acutely with a prodromal period involving malaise, fever, rigor, vomiting, headache, and backache. After 2 to 4 days, skin lesions appear and progress uniformly from macules to papules to vesicles and pustules. Lesions progress centrifugally and scab in 1 to 2 weeks. In unvaccinated individuals, variola major, the classic form of the disease, is fatal in approximately 30 percent of cases.

**Diagnosis.** In its full-blown form as typically seen in unimmunized individuals, smallpox is readily diagnosed on clinical grounds. Differentiation from other vesicular exanthems such as varicella and erythema multiforme might be difficult, however, in cases of variola minor or in disease modified by prior vaccination. Electron microscopy can readily differentiate variola virus from varicella, but not from vaccinia and monkeypox when performed on lesion scrapings. The virus can be grown in chorioallantoic membrane culture.

**Treatment.** Supportive care is the mainstay of smallpox therapy. No specific antiviral therapy exists.

**Prophylaxis.** A licensed, live vaccinia virus vaccine is available and is administered via a bifurcated needle using a multiple puncture technique (scarification). Given the eradication of smallpox, vaccine would only be indicated in laboratory settings or where bioterrorism is a distinct possibility. Vaccination is probably protective for at least 3 years. Exposed persons may be managed with prompt vaccination. Vaccinia immune globulin (VIG), given intramuscular at a dose of 0.6 ml/kg, may prove a useful adjunct to vaccination, although its precise role is unclear.

**Decontamination.** Given the extreme public health implications of smallpox reintroduction, patients should be placed in strict isolation pending review by national health authorities. All material used in patient care or in contact with smallpox patients should be autoclaved, boiled, or burned.

**Outbreak Control.** Smallpox has considerable potential for person-to-person spread; thus, all contacts of infectious cases should be quarantined for 16 to 17 days following exposure and given prophylaxis as indicated. Animals are not susceptible to smallpox.

### **Venezuelan Equine Encephalitis (VEE)**

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**Description of Agent.** Venezuelan equine encephalitis (VEE) is a mosquito-borne alphavirus disease maintained in nature predominantly in a horse-mosquito-horse cycle, although thousands of natural human infections also occur each year. Large equine epizootics typically precede the appearance of human cases. Use of VEE as a weapon would presumably involve aerosolization, and such use might be suspected on the basis of a preponderance of human cases and/or the presence of VEE outside its typically well-localized focus in the Americas.

**Signs and Symptoms.** VEE may be thought of as an incapacitating agent with a mortality rate (in naturally occurring disease) of less than 1 percent. Susceptibility is nearly 100 percent, and the disease is characterized by its sudden onset following a 1- to 5-day incubation period. Initial symptoms include generalized malaise, severe headache, fever and rigor, photophobia, and





myalgias. Cough, sore throat, vomiting, and diarrhea may follow. Only a small percentage of cases actually progress to encephalitis, which is more frequent in young children and is marked by meningismus, convulsions, coma, and paralysis. Route of exposure probably has little effect on the proportion of cases developing neurologic disease. In most cases without neurologic sequelae, full recovery occurs in 1 to 2 weeks.

**Diagnosis.** The diagnosis of VEE is largely clinical. The naturally occurring disease can often be suspected on epidemiologic grounds given its geographic specificity and the likely presence of concomitant disease in equines. Significant leukopenia and lymphopenia are often present. The virus may be cultured from serum, and a VEE-specific immunoglobulin M (IgM) ELISA is available.

**Treatment.** Treatment of VEE is largely supportive. Ribavirin has some in vitro activity but is of little benefit clinically.

**Prophylaxis.** Prevention of naturally occurring VEE is dependent largely on mosquito control efforts and the immunization of horses. A human vaccine, TC-83, is available as an investigational product through USAMRIID and has been given to a large number of laboratory workers as a single 0.5-ml subcutaneous dose. A second investigational vaccine, formalin-inactivated C-84, has been used to boost (0.5 ml SQ) serologic nonresponders.

**Decontamination and Isolation.** Universal precautions should be practiced when dealing with VEE patients. Virus may be destroyed by heat (80 °C for 30 minutes) and by ordinary disinfectants such as 0.5 percent hypochlorite.

**Outbreak Control.** Once symptomatic, humans can serve as a host in the human-mosquito-human transmission cycle for up to 72 hours. Mosquito control efforts thus become paramount to the prevention of secondary VEE cases following intentional or natural VEE outbreaks. During an intentional release of VEE virus by terrorists, the potential would be high for the development of an equine epizootic if the proper mosquito vector were present; veterinary vaccination would be useful in such circumstances.



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Chemical Agents							
Agent	Symbol	Hazard	Signs/Symptoms	Onset	Persistency	Physical Properties	Odor
Nerve							
Tabun	GA	Inhalation	Runny nose, localized sweating, dimness of vision, pinpoint pupils, tightness in chest, difficulty breathing, drooling, cramping, frontal headaches, involuntary jerking and twitching, drowsiness, coma, convulsions, nausea, cessation of breathing, death	Very rapid	1–2 days if heavy conc.	Colorless–brown liquid	None when pure; fruity
Sarin	GB	Inhalation		Vapor: seconds	1–2 days will evap. <= water	Colorless liquid	None when pure; fruity
Soman	GD	Inhalation		Liquid: minutes to hours	1–2 days: moderate (non)	Colorless liquid/vapor	
Thickened Soman	TGD	Inhalation			More than 1 week when thickened		Camphor when pure; fruity
GF	GF	Inhalation, absorption, ingestion		Very rapid		Colorless liquid	Sweet, musty, peaches, shellac
V Agent	VX	Inhalation, absorption		Very rapid; death in 15 minutes	High: 1 week if heavy conc.; as volatile as motor oil	Amber, oily thick liquid	None
Vesicants: These agents cause blisters and/or necrosis equivalent to second- and third-degree chemical burns.							
Sulfur Mustard	H	Inhalation, absorption, ingestion	Acts first as a cell irritant, later as a cell poison. Local conjunctivitis, reddening of skin, formation of blisters, inflammation of nose, throat, brachi, bronchi, and lung tissue	Delayed 4 to 6 hours to 24 hours	Days to weeks—very high	Oily, colorless to amber liquid	Garlic, onion
Distilled Mustard	HD	Inhalation, absorption, ingestion			Days to weeks—very high		Garlic, onion, horseradish
Nitrogen Mustard	HN1, 3	Inhalation, Absorption, Ingestion		Delayed 12 hours	High—very high	Dark liquid	Fishy, musty



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Chemical Agents							
Agent	Symbol	Hazard	Signs/Symptoms	Onset	Persistency	Physical Properties	Odor
Mustargen	HN2	Inhalation, absorption, ingestion		Delayed 12 hours	Moderate	Dark liquid	Fruity (high concentrations); soapy (low)
Lewisite (Arsenical)	L	Inhalation, absorption	Immediate pain, with blisters forming later	Immediate	Days—longer in cold, dry climates	Oily/colorless—brown	Geraniums, or none if pure
Phosgene Oxime (Urticant/Irritant)	CX	Inhalation, absorption	Immediate pain, with blisters forming later	Immediate	2 hours in soil, nonpersistent—low	Colorless prismatic crystals; solid <95°F/liquid	Disagreeably penetrating and severely irritating
Blood							
Hydrogen Cyanide	AC	Inhalation	Cherry red skin or ~30% cyanosis. Victims appear to be gasping for air. This may cause nausea and tearing. Convulsions predeath. Effect like asphyxiation, but more sudden.	Very rapid, 30 seconds to 8 minutes	1 to 2 days; extremely volatile	Colorless liquid/gas	Bitter/burnt almonds or peach kernel
Cyanogen Chloride	CK	Inhalation			Liquid rapidly vaporizes and disperses	Colorless liquid/gas	Tearing makes odor unnoticeable
Arsine	SA	Inhalation		Delayed 2 hours to 11 days	Low	Colorless gas	Mild garlic
Choking							
Chlorine	CL	Inhalation	Tearing, dry throat, apparent choking, painful coughing, tightness in chest, headache, nausea, vomiting, dyspnea, 2 to 6 hours until pulmonary edema. Severe pneumonia.	Immediate if high concentration; 3 hours if low	Short. Vapor may persist in low-lying or enclosed areas.	Gas-norm temp	Bleach
Phosgene	CG	Inhalation			Dissipates and breaks down fast in water,	Colorless gas	Newly mown hay or freshly cut grass or green
Diphosgene	DP	Inhalation		Death 6 to		Colorless gas,	



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Chemical Agents							
Agent	Symbol	Hazard	Signs/Symptoms	Onset	Persistency	Physical Properties	Odor
				8 minutes	fog, and rain	rapid evap. liquid	corn
Riot Control							
Tear Gas	CS	Inhalation, absorption	Immediate tearing, possibly involuntary closing of the eyes, choking. Effects can occur within seconds, but seldom persist more than a few minutes after exposure.	20 to 60 seconds	Low/high	Colorless solid, powder, liquid	Hair spray or pepper due to the variety of propellants
Tear Gas	CR	Inhalation, absorption		Very rapid	60+ days on porous material	Yellow powder in solid form	
Mace	CN	Inhalation, absorption		Immediate	Low/short	Solid powder	Apple blossoms
Pepper Spray	OC	Inhalation, absorption		Immediate			
Chloropicrin	PS	Inhalation, absorption	Throat irritation, coughing, and vomiting. Causes severe burns on the skin (lesions)	6 hours outside	Approximately 6 hours in vegetation fields	Colorless, oily liquid	Stinging, pungent
Vomiting							
Clark I/Clark II	DA, DC, DX	Inhalation, absorption	Like cold symptoms, plus violent, uncontrolled sneezing, coughing, nausea, and vomiting	30 seconds to 2 minutes	Low/short	Solids vaporize when heated	DA: none DC: garlic/ almonds
Adamsite	DM	Inhalation			Short: aerosolized dissemination		None, but irritating
Incapacitating							
LSD	BZ/ LSD	Inhalation, ingestion	Giddiness, confusion, stumbling, and vomiting	Delay 1 to 4 hours	High: soil, water, and surfaces	White crystals	None



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Chemical Warfare Agents – Responder Information									
Agent	Symbol	Dispersion	ERG	DOT	Initial Treatment	Detection	Self-Protection	OSHA	Decon
Nerve									
Tabun	GA	Aerosolized liquid	153	6.1	MARK I = 2 mg. Atropine and 600 mg 2-Pam Cl (Pralidoxime Chloride). Diazepam follows three MARK Is. IV effects within 1 minute; IM 8 minutes. Ventilation and suction airway.	M-8 or M-9, CAM Colorimetric tubes Detection kits: M-256A1, M-18A2, Pesticide tickets, Electronic meters	Mask and protective clothing	Level B	Flush with large amounts of water and 5% bleach for objects or 0.5% bleach for skin/people.
Sarin	GB	Aerosolized liquid	153	6.1			Mask and protective clothing	Level B	
Soman	GD	Aerosolized liquid	153	6.1			Mask and protective clothing	Level B	
Thickened Soman	TGD	Aerosolized liquid	153				Mask and protective clothing	Level A	
GF	GF	Aerosolized liquid	153					Level B	
V Agent	VX	Aerosolized liquid	153	6.1			Mask and protective clothing	Level A	
Vesicants									
Mustard	H	Aerosolized liquid	153	6.1	Get agent off exposed skin. Remove contaminated clothes. Eyes must not be bandaged.	M-8 or M-9, CAM Detection kits: M-18, M-256, Colorimetric, Electronic	Turnout gear will NOT protect from vapors	Level A	Flush with copious amounts of water and 5% bleach for things or 0.5% bleach for people. Do within 2 minutes
Distilled Mustard	HD	Aerosolized liquid	153	6.1				Level A	
Nitrogen Mustard	HN1,3	Aerosolized liquid	153	6.1			Mask and protective clothing		



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Chemical Warfare Agents – Responder Information									
Agent	Symbol	Dispersion	ERG	DOT	Initial Treatment	Detection	Self-Protection	OSHA	Decon
Mustargen	HN2	Aerosolized liquid	153	6.1	Flush contaminated areas, but watch runoff. British anti-Lewisite cream (BAL) antidote is dimercaprol for intramuscular. Toxic-symptomatic-ally.	meters	Mask and protective clothing		To prevent tissue damage. CX: none is totally effective
Lewisite	L	Aerosolized liquid	153	6.1		Not CAM, M-8, or M-9	Mask and protective clothing	Level A	
Phosgene Oxime	CX	Aerosolized liquid	153				Mask and protective clothing	Level A	
Blood									
Hydrogen Cyanide	AC	Aerosolized liquid	117	6.1	Move victim out of contaminated area. Assist ventilation. Lilly Cyanide Kit: sodium nitrite amyl nitrite, sodium thiosulfate	Detection kits: M-256/18 Colorimetric tubes Electronic meters Not CAM/SA–none	Mask and protective clothing if handling agent as liquid. Good respirator/aeration.  SA: protective mask adequate	Level B	Remove wet, contaminated clothing. Flush face/skin with water and hypochlorite solution.
Cyanogen Chloride	CK	Vapor release	125	2.3				Level B	
Arsine	SA	Vapor release	119					Level B	
Choking									
Chlorine	CL	Vapor release	124	2.3	Move victim to fresh air and assist breathing.	Detection kits	Protective mask		Vapor: fresh air Liquid: copious water irrigation
Phosgene	CG	Vapor release	125	2.3		Colorimetric tubes	Good respirator protection, plus	Level B	



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## HSEEP Exercise Design Guidance

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Chemical Warfare Agents – Responder Information									
Agent	Symbol	Dispersion	ERG	DOT	Initial Treatment	Detection	Self-Protection	OSHA	Decon
Diphosgene	DP				Codeine for cough control. Rest.	Electronic meters	aeration and time		
Riot Control									
Tear Gas	CS	Aerosolized	159		Usually no treatment is necessary; effects are self-limiting.	Limited field detect	Mask and protective clothing secured at neck, wrists, and ankles		Brush off powder. Water. Hypochlorite exacerbates the skin lesion and should NOT be used. Remove clothes.
Tear Gas	CR	Propelled	159			Identify by collecting residue for laboratory analysis.			
Mace	CN		153				Protective mask for vapor		
Pepper Spray	OC		159				Colorimetric tubes for CN and OC	Mask and protective clothing	
Chloropicrin	PS								
Vomiting									
Clark I/Clark II	DA, C, F, X	Dispersed by heat as fine particle smoke				None	Protective mask		0.5% bleach for an enclosed release
Adamsite	DM					None	Protective mask		
Incapacitating									
LSD	BZ/LSD				Observation, restraint, confinement	None	Protective mask		Soap and water



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Chemical Warfare Agents – Technical Data										
Agent	Symbol	Vapor D.	VP at 25° C	LC50/LD50 in mg-min/m3			IDLH	TWA	CAS. No.	Remarks
		Relative to Air	mm Hg	Respiratory	Liquid Form	Vapor Form	in ppm SCBA	in ppm Respirator		
Nerve										
Tabun	GA	5.63	0.037	400	1 to 1.5 gm/prsn	20,000 to 40,000	0.2	0.0001	77-81-6	30 minutes off gas from vapor contract. Less than 2 grams on skin can kill.
Sarin	GB	4.86	2.9/2.10	70 to 100	1.7 gm/prsn	12,000	0.2	0.0001	107-44-8	Covalent bond between GD and acetylcholinesterase= irreversible >2 minutes. Soman is the most poisonous of G series.
Soman	GD	6.33	0.4	70 to 100	0.35 gm/prsn	10,000	0.6	0.00003	96-64-0	
Thickened Soman	TGD									
	GF	6.2	0.044						329-99-7	Conversion; parts per million (ppm)=mg3x24.45/mlclr.wt
V Agent	VX	9.2	0.0007	1 to 100 (30)	0.00945 gm/p	6 to 360	0.02	0.00001	50782-69-9	Pinhead-size drop on skin is lethal.
Vesicants										
Mustard	H	5.4	0.072	1,500	7 gm/prsn	10,000	0.003	0.003	505-60-2	Acts as irritant to tissue and causes fluid secretion of skin, eyes, and lungs that won't cause more blisters. Drop from pinhead can cause blisters. Vapors on skin cause blisters.
Distilled Mustard	HD	5.4	0.072	Decreases as temperature rises			0.003	0.003	505-60-2	
Nitrogen Mustard	HN1, 3	5.9/7.1	0.24/0.0109	1,500	7 gm/prsn		0.003	0.003	538-07-08	
Mustargen	HN2	5.4	0.29	3,000			0.003	0.003	51-75-2	





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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Chemical Warfare Agents – Technical Data										
Agent	Symbol	Vapor D.	VP at 25° C	LC50/LD50 in mg-min/m3			IDLH	TWA	CAS. No.	Remarks
		Relative to Air	mm Hg	Respiratory	Liquid Form	Vapor Form	in ppm SCBA	in ppm Respirator		
Lewisite	L	7.2	0.35	1,000 to 1,500	2.8 gm/prsn	100,000+	0.003	0.003	541–25-3	Freeze at 58 °F. L-systemic poisoning: diarrhea, low temperature, low blood pressure, pulmonary edema. Liquid can cause permanent blindness within 1 minute. Reddening begins in 30 minutes. Blisters appear after 30 hours.
Phosgene Oxime	CX	3.9	13 at 40°C (liquid)	3,200	Unknown	Unknown			35274-08-9	
Blood										
Hydrogen Cyanide	AC	0.93	630/74 2	2,000 to 5,000			50 ppm	5/4.7 ppm	74-90-8	Commonly used chemical. 250,000 tons yearly. CK can break down charcoal filter masks. Death in 15 minutes if remains in lethal concentration. SA is a carcinogen.
Cyanogen Chloride	CK	2.1	1,010/1,000	11,000			50 ppm	0.6/.3 ppm	506-77-4	
Arsine	SA	2.69	11,100	5,000						
Choking										
Chlorine	CL	2.49	6.8 atm/4.8	19,000			10/25/30	1.5/5-1 ppm	7782-50-5	Both shipped daily in tanker trucks and rail cars. CG frequently



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Chemical Warfare Agents – Technical Data										
Agent	Symbol	Vapor D.	VP at 25° C	LC50/LD50 in mg-min/m3			IDLH	TWA	CAS. No.	Remarks
		Relative to Air	mm Hg	Respiratory	Liquid Form	Vapor Form	in ppm SCBA	in ppm Respirator		
Phosgene	CG	3.4	1.6 atm/1.173	3,200		4, 300,000	12.1/2/2	0.4/.1 ppm	75-44-5	generated in structure fires from burning plastics. Most deaths occur within 24 hours.
Diphosgene	DP									
Riot Control										
Tear Gas	CS	–	0.00034	61,000			0.3 ppm	0.05 ppm	2698-41-1	Also called lacrimators, irritants, and tear gas. Solid can collect on clothes and increase duration of effectiveness. Not gas! Micropulverized smoke/liquid/powder.
Tear Gas	CR	6.7-calculated	0.00059	–			2 mg/m3		257-07-8	
Mace	CN	5.3	0.0026	7,000 to 14,000			16 ppm	0.05 ppm	532-27-4	
Pepper Spray	OC						100 mg/m	10,000 gm/		
Chloropicrin	PS	5.6	18.3	2,000			4 ppm	0.1 ppm	76-06-2	Decomposes into Cl gas and nitrogen oxide near open fires, producing toxic fumes.
Vomiting										
Clark I/Clark II	DA, C, F, X	No appreciable vapors	0.0002-.0036	10,000 to 15,000					712-48-1	Contains arsenic and chlorine—causing mask removal to vomit=potential alternative exposure
Adamsite	DM		Negligible	11,000 avg				0.04 ppm	578-94-9	



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Chemical Warfare Agents – Technical Data										
Agent	Symbol	Vapor D.	VP at 25° C	LC50/LD50 in mg-min/m3			IDLH	TWA	CAS. No.	Remarks
		Relative to Air	mm Hg	Respiratory	Liquid Form	Vapor Form	in ppm SCBA	in ppm Respirator		
Incapacitating										
LSD	BZ/ LSD	11.6	0.03 at 70 °C	200,000					13004-56-3	Psychochemicals. Normalcy in 48 to 96 hours.



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Military Detection, Monitoring, and Treatment Equipment							
Equipment	Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
M-8 Paper	Nerve–G	Turns yellow	Liquid	≤30 sec	\$3.47/ book	Disposable (after use). Handheld. Dry, undamaged paper has indefinite shelf life.	Chemical agent detector paper. 25 sheets per book; 50 booklets per box. Potential for false readings.
	Nerve–VX	Turns green	Liquid		\$4.50/ book		
	Vesicant–H	Turns red	Liquid		\$166/box		
M-9 Paper	Nerve–G	Develops a single color indicating agent present	Liquid	≤20 sec	\$6.57 /10 m. roll \$38/roll	Disposable (after use). Handheld. 3-year shelf life. Carcinogen	Adhesive-backed dispenser roll or books. Others: Chinese X-1, X-3, three-way and Hungarian double-way patch.
	Nerve–VX		Liquid				
	Mustard		Liquid				
M-18A2 Detector Kit	Nerve–GB	Blue band–yellow	Dangerous concentrations of vapors, aerosols, or liquid droplets	2 to 3 minutes	\$343/kit	Disposal (after use) tubes. Handheld	25 tests per kit. Detector tubes, detector tickets, and M-8 paper. Used to confirm the results of M256. SAW MiniCAD and CAM.
	Nerve–VX	Enzyme ticket–blue			\$500/kit		
	Mustard–H, HN, HD, HT	Blue band–purple					
	Arsenical–CX	Blue band–red/brown					
	Lewisite–L, ED, MD	Yellow–blue/green					
	Phosgene–CG	Green band–green					
	Blood–AC	Red band–blue					



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Military Detection, Monitoring, and Treatment Equipment							
Equipment	Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
M-256A1 Detector Kit	Blood–CK	Blue band– yellow/orange					
	Unknown	White band tube					
	Nerve–G and V	Star test spot	Vapor/liquid	15 minutes –series take longer	\$140/kit	Disposable (after use). Handheld. 5- year shelf life.	Each kit contains 12. Disposable (after use) plastic sampler-detectors and M-8 paper.
	Mustard–H	Square spot	Vapor/liquid		\$133/kit		
	Lewisite–CX	Detecting tablet	Vapor/liquid				
	Blood–AC, CK	Circular spot	Vapor/liquid	AC–25 minutes			
M-272 Water Test Kit	Nerve–G & VX	In water in dangerous amounts	Liquid	7 minutes	\$189/kit	Portable and lightweight. 5-year shelf life.	Used to test raw or treated water. Type I and II detector tubes, eel enzyme detector tickets. Kit conducts 25 tests for each agent.
	Mustard–HD						
	Lewisite						
	Hydrogen Cyanide		Liquid	6 minutes			
Chemical Agent Monitor (CAM)	Nerve–GA, GB, VX		Vapor	30 seconds	\$5,500 each	Handheld. Portable. Battery operated. 6 to 8 hours continuous use. Maintenance required.	Radioactive source. Lightweight, 2 pounds. Point source detector. False alarms: perfume, exhaust, paint, additives to diesel fuel.
	Blister–HD and HN		Vapor	≤1 minute	\$7,500 each \$8,840 tip and alarm		



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Military Detection, Monitoring, and Treatment Equipment							
Equipment	Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
M-90	Nerve		Vapor		\$8,000 each		Chemical agent detection system, ion mobility spectroscopy technology
	Blister		Vapor				
	Blood		Vapor				
M-8A1 Alarm Automatic Chemical Agent Alarm	Nerve—GA, GB, GD	M43 spectroscope (detection)	Gas, vapor	≤2 minutes	\$2, 357 each	Vehicle battery operated. Maintenance required. Nuclear Regulatory Commission (NRC) license required.	Radioactive source (Americium 241). Automatic unattended operation. Remote placement.
	Nerve—VX	M42 remote alarm device					
MM-1 Mobile Mass Spectrom	20–30 CWA		Vapor	≤45 seconds	\$300k military/ \$100k civilian		
Remote Sensing Chemical Agent Alarm (RSCAAL) M-21	Nerve—GA, GB, GD		Vapor		\$110k each	Line-of-sight depen- dent. 10-year shelf life. Two-person portable tripod.	Passive infrared energy detector. Three miles visual/audible warning from 400
	Nerve—VX		Vapor		\$173k each		
	Blister—HD		Vapor				



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## HSEEP Exercise Design Guidance

### Chemical Weapons Agents

### Awareness Information

Military Detection, Monitoring, and Treatment Equipment							
Equipment	Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
	Lewisite		Vapor				meters. "Remote Sensing Chemical Agent Alarm" 60° arc. Spectrum in library. Changes in concentration of path link to exceed tolerance level. Account for temperature differential.
AN-PDR-2		Gamma					
		Beta					
AN-PDR-77		Gamma					
		Beta					
		Alpha					
Treatment							
M-291 Skin Decon	Nerve	Decon powder				Six packets decon powder. 5-year shelf life.	Physical removal, absorption, neutralization decon of skin and face
	Blister						
Atropine Autoinjector	Nerve agents	Antidote			\$3.89 each	60-month shelf life	2 mg immediate self-treatment pressure activated, autoinjector following nerve agent symptoms



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Military Detection, Monitoring, and Treatment Equipment							
Equipment	Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
Pralidoxime Chloride (2-PamCl)	Nerve agents	Second half of antidote			\$4.81 each	Sixty-month shelf life	600 mg automatic pressure-activated injector following atropine injection.
Convulsant Antidote Nerve Agents (CANA)	Nerve agents				\$9.38 each	Indefinite unless damaged. Buddy use: NOT self use.	10 mg automatic injector diazepam following three nerve agent antidote kits (NAAKs).





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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Emergency Responder Detection and Monitoring Equipment							
Equipment	Haz/Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
Colorimetric Tube Detector Tubes	Nerve—G series	Phosphoric	Vapor	5–25 minutes	\$50–75 box (10)	Affected by sample of volume, temperature, humidity, mixtures, and storage. Up to 35% margin of error. 1- to 3-year shelf life	Brand names: Draeger, Sensidyne, MSA. Draeger has 10 CWA specific tubes. All have “decision matrix” for classification of unknowns. Different brands of tubes and pumps are not interchangeable. Each tube has specific instructions for use and number of pumps. Detects presence as opposed to quantity. Draeger Arsenicals (Blister variation)
	Nerve—VX	Acid Esters	Vapor		\$300 hand pump		
	Mustard—H, HD	Thioether Tube	Vapor		\$850 battery pump		
	Lewisite	Organic Arsenic	Vapor				
	Blood—AC	Hydrocyanic Acid	Gas, vapor		\$942.29		
	Blood—CK	Cyanogen Chloride	Gas, vapor				
	Choking—CG	Phosgene Tube	Gas, vapor		\$1,200– \$2,000		
	Choking—CL	Chlorine Tube	Gas, vapor		Basic set		
	Chloropicrin— PS	Carbon Tetrachloride	vapor				
	Hydrogen Arsenide	Organic Arsenic	Gas, vapor				
	DA, DX, DC, DM	Compounds and Arsine	Vapor				



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Emergency Responder Detection and Monitoring Equipment							
Equipment	Haz/Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
Combination Meters Single Gas Meters	Oxygen	0–25 percent by volume	Gas, vapor	Seconds	\$385 each	Lithium battery has an 8-month shelf life.	Use electrochemical cells (ECCs) or metal oxide semiconductors (MOSs). More accurate than detector tubes, but limited to approximately a dozen different chemicals.
	Carbon Monoxide	0-900 ppm/35 ppm	Gas, Vapor	Seconds	\$472 each		
	Hydrogen Sulfide	0–90 ppm/10 ppm	Gas, Vapor	Seconds	\$460 each		
3/4/5–Gas Meters	Lower explosive limit (LEL)	0–100 percent/10 percent	Gas	Seconds	\$1,562/ 3-Gas \$1,878/ 4-Gas \$1,500– 2,500	Two C-cell batteries	Monitors may also be found for chlorine, ammonia, sulfur dioxide, and hydrogen cyanide. ToxiRae has added Photoionization detector (PID) and cyanide to meters. Brand names: AIM, MSA, GasTech, Scott-Alert Dynamation, Industrial Scientific, Rae Corp.
	Oxygen	0–25 percent/19.5 –23 percent	Gas	Seconds			
	Carbon Monoxide	0–2,000 ppm/35p	Gas	Seconds			
	Hydrogen Sulfur	0–250 ppm/10pp	Gas	Seconds			
	Chlorine		Gas	Seconds			



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## HSEEP Exercise Design Guidance

### Chemical Weapons Agents

### Awareness Information

Emergency Responder Detection and Monitoring Equipment							
Equipment	Haz/Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
Combustible Gas Indicator (CGI) Destructive Testing (e.g., explosimeter)	Flammability	Measured in percent LEL	Gas, Vapor	Seconds	\$750 to 2,500	Dry cells or rechargeable nickel cadmium (NiCad) batteries. Calibration required. Requires warmup period.	Wheatstone bridge. Measures concentration of combustible gas or vapor in air. Sample drawn across surface of heated platinum. Catalytic combustion procedures proportional heat to the concentration displayed by meter. Calibration to methane or pentane, though equipment varies.
	Combustibility						
Draeger Chip System	Ammonia	2–50 ppm	Gas, vapor	1–2 minutes	\$58each	2-year shelf life. Four AA alkaline batteries 1.6 pounds Handheld \$1,600 per system	Insert chip into analyzer and the concentration displays on the digital readout. Self-check initiated prior to each measurement. Pump system provides a constant mass flow that negates the effects of atmospheric pressure.
	Benzene	0.2–10 ppm	Gas, vapor	1–2 minutes	\$152 each		
	Carbon Dioxide	1,000–25,000 ppm	Gas, vapor	1–2 minutes	\$56 each		
	Carbon Monoxide	5–150 ppm	Gas, vapor	1–2 minutes	\$43 each		
	Chlorine	0.2–10 ppm	Gas, vapor	1–2 minutes	\$60 each		
	Hydrochloric Acid	1–25 ppm	Gas, vapor	1–2 minutes	\$76 each		
	Hydrogen Cyanide	1 to 25 ppm	Gas, vapor	1–2 minutes	\$63 each		



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Emergency Responder Detection and Monitoring Equipment							
Equipment	Haz/Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
	Hydrogen Sulfide	2 to 50 ppm	Gas, vapor	1–2 minutes	\$43 each		
	Nitrogen Dioxide	0.5 to 25 ppm	Gas, vapor	1–2 minutes	\$58 each		
	Nitrous Fumes	0.5 to 15 ppm	Gas, vapor	1–2 minutes	\$56 each		
	Perchloroethylene	5 to 150 ppm	Gas, vapor	1–2 minutes	\$63 each		
	Sulfur Dioxide	0.4 to 10 ppm	Gas, vapor	1–2 minutes	\$58 each		
Electrochemical Cells (ECCs) (Nondestructive) Other ECCs/ Sensors	Flammability	Meas. in percent LEL	Gas, vapor	Seconds			Used with the CGI
	Combustibility	or percent by volume	Gas, vapor	Seconds			
	Oxygen	Range 0–25 percent	Gas, vapor	Seconds		Altitude dependent	Measures percent of oxygen in the air
	Chlorine	Measures in ppm	Gas, vapor	Seconds			
	Hydrogen Cyanide	Measures in ppm	Gas, vapor	Seconds			
	Cyanogen Chloride	Measures in ppm	Gas, vapor	Seconds			
	Phosgene	Measures in ppm	Gas, vapor	Seconds			
	Ammonia	Measures in ppm	Gas, vapor	Seconds			



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## HSEEP Exercise Design Guidance

### Chemical Weapons Agents

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Emergency Responder Detection and Monitoring Equipment							
Equipment	Haz/Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
	Sulfur Dioxide	Measures in ppm	Gas, vapor	Seconds			
Flame Ionization Detector (FID) Organic Vapor Monitor (OVM)		Organic vapors present in ppm	Gas, vapor		\$4,744.50 each (\$6,000–10,000)		Organic Vapor Analyzer. Operates in two modes: (1) Survey: detects total concentrations of gases and vapors; (2) Gas chromatograph: identifies and measures specific compounds.
HazCat Kit Chemical Identification System Chemistry Set	Oxidizers	Blue/black or purple	Liquid, Solids		\$2100–3000 (full kit) \$200 to \$400 EPA version)	[Potassium iodide starch paper–KI] Lead acetate paper Keys out unknown chemicals	Indicator papers test for presence of unknowns, oxidizers in excess of normal O <sub>2</sub> in the air (chlorine, nitrogen dioxide, O <sub>2</sub> , and ozone), plus peroxides (organic/hydrogen) and sulfide compounds.
	Peroxide	Blue – positive		15 seconds			
	Hydrogen Sulfide	Brown/black					
	Other						
Lead Test Kit	Lead	On any surface	Water, Solid		\$15/\$61	Indefinite shelf life	Screening device. Rate of change indicates oxidizing ability.
Litmus papers pH paper/spill classification strips	Corrosives, bleach, petroleum products, iodine, fluorine, lead nitrates, oxidizers	Alkalinity–blue	Liquid	Seconds	\$9–25 each \$65–85/box of 12 rolls pH paper	Disposable (after use)/ handheld. Premoisten with water.	Color method uses litmus paper. Readings of pH <2 or >12.5 are cause for extreme caution. Brands: Spillfyter, Chemical Classifier, and Wastewater
		Acidity–red/purple	Liquid	Seconds			



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Emergency Responder Detection and Monitoring Equipment							
Equipment	Haz/Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
Polychlorinated Biphenols (PCBs) Test Kit	Chlorinated solvents	Color change	Soil, liquid	5 minutes	\$104 each		PCBs (transformer oil) test kits: Chlor-N-Soil, Chlor-N-Oil, Chlor-D-Tect
Pesticide Test Kit	Organophosphates	Blue change= negative	Liquid, solids	Minutes		Limited shelf life	Cholinesterase changes color in reaction to pesticide. Range of detection: 0.1 to 10 ppm
Tickets	Carbamate pesticide	White= contaminated	Liquid, solids	Minutes			
pH Meter	Corrosivity	Numerical value	Liquid	Seconds	\$300 each	Battery or AC. Calibration required before each use.	Measuring electrode is more accurate. Insert probe into material. High maintenance
Photoionization Detector (PID)	Nerve—GA/GD	10.6—conversion factor about 2	Gas, vapor	Seconds	\$1,464 each to \$4,000/unit (\$3,000–7,000)	Most commonly calibrated to isobutylene. Response may be affected by radio frequencies, power lines, transformers	Gas sample passes between two charged metal electrodes, irradiated with vacuum ultraviolet radiation: if IP below lamp rating: 10.2, 10.6, or 11.7 electronic volt (eV). Display of total volatile organic compounds (VOCs) in ppm 0.1 to 2,000. Nondestructive. Brands: Mini Rae, MSA Passport, H-NU
	Nerve—GB	10.6/11.7—10/2	Gas, vapor	Seconds			
	Nerve—VX	10.6—CF about 0	Gas, vapor	Seconds			
	Mustard	10.6—CF about 0	Gas, vapor	Seconds			
	Phosgene	11.7—CF about 2	Gas, vapor	Seconds			
	Lewisite	10.6—CF about 1	Gas, vapor	Seconds			



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## HSEEP Exercise Design Guidance

### Chemical Weapons Agents

### Awareness Information

Emergency Responder Detection and Monitoring Equipment							
Equipment	Haz/Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
SAW MiniCAD	Nerve—G	LED and audible alarm	Vapor	Minute cycles	\$6,072 each	Recharge lithium battery pack—5-year shelf life. Compact. Two-minute warmup period. Lightweight: <1 pound	Surface acoustic wave sensors detect changes in proportion as they travel at ultrasonic frequencies in piezoelectric materials with pattern recognition algorithms to identify agent classes and reject interferant responses.
	Blister—H						
Radiological							
Survey Instrument Ludlum Geiger—Müller (GM) Detector Probe	Beta	14-C needle	Radiation	≤30 seconds	\$746 each	Measures affected by wind, shielding, etc. Batteries should not be stored in unit, 4-year factory calibration.	Alpha scintillation probe. No response does not equal clean! Electromagnetic fields can give “false positives.” Geiger-Mueller is most common probe. 0.01 to 0.05 mR/hour is typical background.
	Gamma	2240 digital	Radiation	≤30 seconds			
	43-5 Alpha	2241 newer	Radiation	≤30 seconds			
	44-6 Side Window		Radiation	≤30 seconds	\$144 each		
			Radiation	Seconds	\$746 each		
Civil Defense Kit	Beta	CDV 715 (High)	Radiation	Seconds		No longer manufactured	Survey meters. Counts per minute (Cpm), roentgen equivalent man (Rem), milliroentgen/hour (mR/hour)
	Beta/Gamma	CDV 700 (Low)	Radiation	Seconds			
Thermoluminescent Dosimeter (TLD)	Gamma		Radiation	Seconds	\$4.95 each	No power source required. Send into lab-exact reading.	Chip absorbs radiation within credit card-sized carrier.
	X-rays		Radiation	Seconds			



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Emergency Responder Detection and Monitoring Equipment							
Equipment	Haz/Agent	Readings	Analysis	Time	Cost	Operation/ Maintenance/Limits	Remarks
Dosimeter Pocket/Self-Reading	Gamma	CDV-138 0- 200 mR	Radiation	Immediate	\$100 each	Self-reading. Penlight size. Can be reset in the field.	Hold up to light to view meter movement. Used with TLD. Charger required.
	X-rays	CDV-742 0- 200R	Radiation	Immediate			





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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

Bibliography/Reference Sources		
Information Category	Author/Source	Copyright Date
<b>Detection and Monitoring Equipment</b>		
Chemical Detection Equipment for Hazardous Materials Responders	Chemical and Biological Defense Information Analysis Center (CBIAC) for U.S. Army Chemical and Biological Defense Command	July 1997
Chemical Weapons Team Workshop on Domestic Preparedness	Domestic Preparedness—Chemical and Biological Defense Command	July 1997
Hazardous Materials Technician Course—Commonwealth of Virginia	Virginia Department of Emergency Services—Technological Hazards	January 1997
Medical Management of Chemical Casualties—Handbook	U.S. Army Medical Research Institute Chemical Defense—Aberdeen Proving Ground, MD	September 1995
Minimum Equipment List for Virginia Hazardous Materials Response Teams	Virginia Department of Emergency Services—Technological Hazards (Appendix B)	April 1994
Military Reference on Chemical/Biological Terrorism Response	Chemical Weapons Convention (CWC) Signature Analysis U.S. Navy Chemical, Biological, and Radiological (CBR) Defense/U.S. Marine Corps Nuclear, Biological, and Chemical (NBC) Defense Handbook 10-90 Gold NBC Response Plan—Defense Protective Service	August 1991 April 1995 June 1996
<b>Chemical Agent Information</b>		
Chemical and Biological Awareness, Technician/Specialist, and Incident Command Courses	Domestic Preparedness—Chemical and Biological Defense Command	May 1997
Chemical and Biological Counterterrorism Training Course	U.S. Environmental Protection Agency (EPA)	July 1997
Chemical and Biological Warfare Proliferation Course and Reference	Central Intelligence Agency—Biological Warfare Branch	April 1996
Emergency Response to Incidents Involving Chemical and Biological Warfare Agents	Steven Patrick, John Medici	September 1995
Emergency Response to Terrorism: Basic Concepts	National Fire Academy, Federal Emergency Management Agency, and U.S. Fire Administration	May 1997



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## HSEEP Exercise Design Guidance Chemical Weapons Agents Awareness Information

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Hazardous Materials: Managing the Incident	Gregory Noll, Michael Hildebrand	1995
Hazardous Materials Training: Public Safety Response to Terrorism	Steven Patrick, John Medici, Steve Rhea, Brett Burdick	January 1997
Medical Management of Chemical Casualties--Handbook	U.S. Army Medical Research Institute Chemical Defense--Aberdeen Proving Ground, MD	September 1995
North American Emergency Response Guidebook	U.S. Department of Transportation	2000