COOP-Exercise AAR Checklist

Prepared By:

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SUMMARY 3
AGENCY COOP EXERCISE FORM 4

Summary	
Comments: Click or tap here to enter text.	
Recommendations: Click or tap here to enter text.	
Date next due: Click or tap to enter a date.	**Risk Manager:** Click or tap here to enter text.

Agency COOP Exercise Form

Organization name: Click or tap here to enter text.	
Organization number: Click or tap here to enter text.	Date of exercise: Click or tap to enter a date.
Head of organization (name, title & email): Click or tap here to enter text.	
Name of Continuity Coordinator: Click or tap here to enter text.	
Phone: Click or tap here to enter text.	Email: Click or tap here to enter text.

Joint exercise information

1. If you participated in a joint exercise with another organization, please include that information here:
Click or tap here to enter text.

2. If you did not conduct a joint exercise, select "***Not Applicable***" from the drop-down list:
Choose an item.

General exercise information

3. Name of exercise: Click or tap here to enter text.

4. Location of exercise: Click or tap here to enter text.

5. Check the continuity plan elements that were evaluated in your exercise (select all that apply):

Essential Functions	☐	Alternate Facilities & Telework	☐	Essential Records & IT Systems	☐
Human Resources	☐	Communications	☐	Reconstitution	☐
Devolution	☐	Budgeting & Acquisition	☐	Training, Testing & Exercises	☐

6. Exercise duration: Click or tap here to enter text.

Specifics of exercise

7. Type of exercise: Choose an item.

If using an actual incident, please skip to and complete the Evaluation and improvement section.

8. Nature of exercise: Choose an item.

9. Participants (select all that apply):

All Staff	☐	Continuity Team	☐	Reconstitution Team	☐
Devolution Team	☐	Executive Leadership	☐	IT Team	☐

Other: Click or tap here to enter text.

10. Objective(s) of exercise: Click or tap here to enter text.

11. Scenario: Click or tap here to enter text.

An exercise should have at least one target but may have more. Fill in all that apply.

1st Target: Click or tap here to enter text.		**Check if Task Completed!**
Task # 1:	Click or tap here to enter text.	☐
Task # 2:	Click or tap here to enter text.	☐
Task # 3:	Click or tap here to enter text.	☐
Task # 4:	Click or tap here to enter text.	☐
Task # 5:	Click or tap here to enter text.	☐
2nd Target: Click or tap here to enter text.		
Task # 1:	Click or tap here to enter text.	☐
Task # 2:	Click or tap here to enter text.	☐
Task # 3:	Click or tap here to enter text.	☐
Task # 4:	Click or tap here to enter text.	☐
Task # 5:	Click or tap here to enter text.	☐
3rd Target: Click or tap here to enter text.		
Task # 1:	Click or tap here to enter text.	☐
Task # 2:	Click or tap here to enter text.	☐
Task # 3:	Click or tap here to enter text.	☐
Task # 4:	Click or tap here to enter text.	☐
Task # 5:	Click or tap here to enter text.	☐
4th Target: Click or tap here to enter text.		
Task # 1:	Click or tap here to enter text.	☐
Task # 2:	Click or tap here to enter text.	☐
Task # 3:	Click or tap here to enter text.	☐
Task # 4:	Click or tap here to enter text.	☐
Task # 5:	Click or tap here to enter text.	☐
5th Target: Click or tap here to enter text.		
Task # 1:	Click or tap here to enter text.	☐
Task # 2:	Click or tap here to enter text.	☐
Task # 3:	Click or tap here to enter text.	☐
Task # 4:	Click or tap here to enter text.	☐
Task # 5:	Click or tap here to enter text.	☐

Exercise rating

How would you rate this exercise overall? Choose an item.

Please provide reasoning for rating: Click or tap here to enter text.

Evaluation and improvement

Summary of incident/exercise: Click or tap here to enter text.

Continuity coordinator observations: Click or tap here to enter text.
Participant feedback: Click or tap here to enter text.
Lessons learned and plan improvements: Click or tap here to enter text.
Goals for training, testing and exercises over the next biennium: Click or tap here to enter text.
Other comments you'd like to make about your exercise: Click or tap here to enter text.
To support strong state programming please include any suggestions you have for improving this reporting form to ensure it captures the true value and important nuances of your exercise: Click or tap here to enter text.

	Go Bag	Emergency Supply Kit	Notes/ Location
Battery operated AM/FM radio and extra batteries or a hand crank radio	P	P	
Bottled water and nonperishable food (e.g., energy or granola bars)	P	P	
First aid kit	P		
Flashlight	P		
Medication information and other essential personal items	P		
Lightweight raingear	P		
Small regional map	P		
Mylar blanket	P	P	
Comfortable shoes	P		
One gallon of drinking water per person per day		P	
Copies of important documents	P		
Contact and meeting place information for home/work	P		

Integrated Solutions Consulting, Inc. (ISC) is a professional services firm focused on developing and implementing comprehensive crisis and consequence management solutions. We are recognized as innovative problem solvers, dedicated to the profession of emergency management and proficient in the disciplines that support it. As recipients of the Dun & Bradstreet Top Supplier Performance Rating for reliability, cost, order accuracy, timeliness, quality, business relations, personnel, customer support, and responsiveness, ISC proudly offers your community over 775+ years of experience, technical expertise, and unparalleled performance.

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