

EXERCISE REPORT DGM-15

Subgrantee: Exercise Name: Date(s) and Time of Event Begin: Date: Time: End: Date: Time:		Point of Contact Name: Title: Phone: Email:	
Grant Program <input type="checkbox"/> Urban Area Security Initiative (UASI) <input type="checkbox"/> State Homeland Security (SHSP) <input type="checkbox"/> Other	Type of Event <input type="checkbox"/> Actual <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Tabletop Exercise <input type="checkbox"/> Drill <input type="checkbox"/> Functional /Command Post <input type="checkbox"/> Full-Scale Exercise	Mission Focus of Exercise <input type="checkbox"/> Prevention <input type="checkbox"/> Protection <input type="checkbox"/> Response <input type="checkbox"/> Recovery <input type="checkbox"/> Mitigation	
Mission Area:		Project Name:	
Hazard: (Mark appropriate blocks.)			
Natural	Technological	Homeland Security	
<input type="checkbox"/> Avalanche <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Landslide <input type="checkbox"/> Subsidence <input type="checkbox"/> Tsunami <input type="checkbox"/> Hurricane <input type="checkbox"/> Wildfire <input type="checkbox"/> Winter Storm <input type="checkbox"/> Erosion <input type="checkbox"/> Other	<input type="checkbox"/> Dam Failure <input type="checkbox"/> Hazardous Material-Fixed Facility <input type="checkbox"/> Hazardous Material-Transportation <input type="checkbox"/> Power Failure <input type="checkbox"/> Radiological-Fixed Facility <input type="checkbox"/> Radiological-Transportation <input type="checkbox"/> Structural Fires <input type="checkbox"/> Transportation Accident (Air, Rail, Highway, Water) <input type="checkbox"/> Airport <input type="checkbox"/> Other	<input type="checkbox"/> Hostage <input type="checkbox"/> Chemical <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Cyber <input type="checkbox"/> Biological <input type="checkbox"/> Radiological <input type="checkbox"/> Nuclear <input type="checkbox"/> Explosive <input type="checkbox"/> Other	
Number of Participants (Enter number of participants in Jurisdiction boxes and Discipline lines.)			
Federal	State	Local	Military
# <u>Discipline</u> Communications Military Support Fire Law Enforcement Search and Rescue Public Information	# <u>Discipline</u> EMS Public Works Elected Officials Appointed Officials Utilities Health and Medical Human Services	# <u>Discipline</u> Emergency Planning Finance Private Industry Radiological Volunteer Agencies Other	
Summary:			
Gaps Identified:			
Strengths Identified:			

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Core Capabilities Tested	Event Results			Comments
	S	NI	NT	
<i>Common Capabilities</i>				
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Information and Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operational Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Prevention</i>				
Forensics and Attribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intelligence and Information Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interdiction and Disruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screening, Search, and Detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Protection</i>				
Access Control and Identity Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cybersecurity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intelligence and Information Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interdiction and Disruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Protective Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Management for Protection Programs/Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screening, Search, and Detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supply Chain Integrity and Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Response</i>				
Critical Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Response/Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fatality Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infrastructure Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mass Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mass Search and Rescue Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
On-Scene Security and Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operational Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public and Private Services and Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health and Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Situational Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Recovery</i>				
Economic Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health and Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Infrastructure Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Natural and Cultural Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Mitigation</i>				
Community Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Long-term Vulnerability Reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk and Disaster Resilience Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Threats and Hazard Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:				
Subgrantee Official Signature and Title				Date
<input type="text"/>				<input type="text"/>