

REQUEST FOR SUBSTITUTE EXERCISE CREDIT FOR AN ACTUAL EVENT

This submission attests to the belief this incident provided an ideal opportunity to test the county plan and critical functions well beyond the typical, routine responses. Submit to: kdem.exercises@gmail.com or fax 785-274-1426

Name of County	Begin Date (of Actual Event)	End Date (of Actual Event)
<input type="text"/>	<input type="text"/>	<input type="text"/>
A general description of the event(s)		
<input type="text"/>		

Identify those disciplines / departments / organizations that actively participated during the event:

<input type="checkbox"/> Emergency Mgmt	<input type="checkbox"/> Fire Service	<input type="checkbox"/> Schools/Universities	<input type="checkbox"/> Finance / Admin
<input type="checkbox"/> Public Health	<input type="checkbox"/> HazMat	<input type="checkbox"/> CERT Teams	<input type="checkbox"/> Private Sector
<input type="checkbox"/> Hospital(s)	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Veterinarians / Extension	<input type="checkbox"/> _____
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Public Works	<input type="checkbox"/> Military / Civil Support	<input type="checkbox"/> _____
<input type="checkbox"/> EMS	<input type="checkbox"/> Communications	<input type="checkbox"/> Volunteer Agency(ies)	<input type="checkbox"/> _____
<input type="checkbox"/> Specialized Team	<input type="checkbox"/> GIS	<input type="checkbox"/> State / Federal	

Target Capabilities Tested: Check all of those capabilities that apply to this event

<i>Common Target Capabilities</i>	
<input type="checkbox"/> Planning	<input type="checkbox"/> Risk Management
<input type="checkbox"/> Communications	<input type="checkbox"/> Community / Citizen Preparedness and Participation

<i>Prevent Mission Area Target Capabilities</i>	
<input type="checkbox"/> Information Gathering and Recognition of Indicators and Warnings	<input type="checkbox"/> Intelligence Analysis and Production
<input type="checkbox"/> Intelligence / Information Sharing and Dissemination	<input type="checkbox"/> Law Enforcement Investigation and Operations
<input type="checkbox"/> CBRNE Detection	

<i>Protect Mission Area Target Capabilities</i>	
<input type="checkbox"/> Critical Infrastructure Protection (CIP)	<input type="checkbox"/> Epidemiological Surveillance and Investigation
<input type="checkbox"/> Food and Agriculture Safety and Defense	<input type="checkbox"/> Public Health Laboratory Testing

<i>Recover Mission Area Target Capabilities</i>	
<input type="checkbox"/> Economic and Community Recovery	<input type="checkbox"/> Restoration of Lifeline
<input type="checkbox"/> Structural Damage and Mitigation Assessment	

REQUEST FOR SUBSTITUTE EXERCISE CREDIT FOR AN ACTUAL EVENT

Respond Mission Area Target Capabilities

- | | |
|---|--|
| <input type="checkbox"/> Animal Health Emergency Support | <input type="checkbox"/> Citizen Protection: Evacuation and/or Shelter-In-Place Protection |
| <input type="checkbox"/> Critical Resource Logistics and Distribution | <input type="checkbox"/> Emergency Public Information and Warning |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Emergency Operations Center (EOC) Management |
| <input type="checkbox"/> Explosive Device Response Operations | <input type="checkbox"/> Fatality Management |
| <input type="checkbox"/> Firefighting Operations/Support | <input type="checkbox"/> Isolation and Quarantine |
| <input type="checkbox"/> Mass Care (Sheltering, Feeding, and Related Services) | <input type="checkbox"/> Mass Prophylaxis |
| <input type="checkbox"/> Medical Supplies Management and Distribution | <input type="checkbox"/> Medical Surge |
| <input type="checkbox"/> Onsite Incident Management | <input type="checkbox"/> Public Safety and Security Response |
| <input type="checkbox"/> Responder Safety and Health | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Triage and Pre-Hospital Treatment | <input type="checkbox"/> Volunteer Management and Donations |
| <input type="checkbox"/> WMD / Hazardous Materials Response and Decontamination | |

About this incident, which areas/functions proved to be an exceptional test of the local plan / related resources:

- A formal declaration of disaster was issued
- An Incident Command System was structured and multiple operational periods were defined
- Incident Action Plan(s) were developed
- Emergency Operations Center [or alternate] was activated and resources/information coordinated
- Actual evacuations of populations / sheltering-in-place provisions implemented
- Public transportation resources were activated
- A local damage assessment team was deployed and documentation collected
- Any GIS capabilities were utilized and coordinated
- Actual debris management plans were activated
- Actual sheltering/warming center operations were activated [mass care and feeding]
- [Specialized] Resource support and acquisitions was required
- Special public health and/or medical services were provided
- Special search and rescue operation(s) were conducted and coordinated
- Extraordinary hazardous materials response and recovery operation was conducted
- Any unique animal care operations were coordinated / movement permit procedures activated
- Multiple media outlets were present and coordination was required

REQUEST FOR SUBSTITUTE EXERCISE CREDIT FOR AN ACTUAL EVENT

Formal After Action Review Process *(a requirement for substitute exercise credit to be considered)*

Was / Will be conducted on:

Technical assistance requested to support the AAR/IP process *(requests must be made well in advance)*

Describe technical assistance needed:

What sources of information have been collected to best document the incident?

Photographs

Newspaper article(s)

Video / audio tapes

ICS forms

Maps

Point of Contact Information:

Name:

Agency:

Email:

Phone:

- ✓ *Decision to accept / reject the actual incident for substitute exercise credit rests with KDEM.*
- ✓ *If incident is accepted for substitute exercise credit, an After Action Report and Improvement Plan must be submitted to KDEM within 90 days.*