

**Regional Healthcare Emergency Response Network**

Marquette County Medical Control Authority

420 W. Magnetic • Marquette, MI 49855

906.225.7745 office • 906.225.3038 fax

**Drill and Exercise Tracking Form**

**Exercise Date** (mm/dd/yyyy): \_\_\_\_\_

**Exercise Name:**

**Exercise Location:**

**Exercise Participants** (list):

**Type of Exercise** (select *only one*):

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Seminar     | <input type="checkbox"/> Tabletop   |
| <input type="checkbox"/> Workshop    | <input type="checkbox"/> Functional |
| <input type="checkbox"/> Game        | <input type="checkbox"/> Full-scale |
| <input type="checkbox"/> Orientation | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Drill       |                                     |

**Scope of Exercise** (select *only one*):

- |   |  |
|---|--|
| <input type="checkbox"/> Local          | <input type="checkbox"/> Federal/State/Local |
| <input type="checkbox"/> State/Local    | <input type="checkbox"/> National Level      |
| <input type="checkbox"/> Multi-local    | <input type="checkbox"/> Cross-border        |
| <input type="checkbox"/> Regional       | <input type="checkbox"/> International       |
| <input type="checkbox"/> Multi-regional | <input type="checkbox"/> Private Sector      |
| <input type="checkbox"/> Multi-state    | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Federal        |  |

**Focus of Exercise** (select *all that apply*):

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Response                |
| <input type="checkbox"/> Recovery   | <input type="checkbox"/> Other (describe): _____ |

**Scenario** (select *all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Chemical                | <input type="checkbox"/> Cyber             |
| <input type="checkbox"/> Biological              | <input type="checkbox"/> Natural Disaster  |
| <input type="checkbox"/> Radiological            | <input type="checkbox"/> Civil Disturbance |
| <input type="checkbox"/> Nuclear                 | <input type="checkbox"/> Marine Disaster   |
| <input type="checkbox"/> Explosive               | <input type="checkbox"/> Mass Rescue       |
| <input type="checkbox"/> Other (describe): _____ |  |

**Federal Agency Sponsor** (select *all that apply*):

- |                               |  |
|-------------------------------|--|
| <input type="checkbox"/> ODP  | <input type="checkbox"/> EPA                     |
| <input type="checkbox"/> FEMA | <input type="checkbox"/> DoT                     |
| <input type="checkbox"/> CDC  | <input type="checkbox"/> USCG                    |
| <input type="checkbox"/> DoD  | <input type="checkbox"/> SNS                     |
| <input type="checkbox"/> MMRS | <input type="checkbox"/> Other (describe): _____ |

**Funds Allocated:** \$ \_\_\_\_\_

**Source of Funding:**

**Collaborative Contributions?**     Yes     No  
**From?**

**Agency receiving funding:**

**Local jurisdiction** (e.g. city, county, region):

**Point of contact:**

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

**Phone:** ( ) - \_\_\_\_\_ ext. \_\_\_\_\_

**Fax:** ( ) - \_\_\_\_\_ ext. \_\_\_\_\_

**Address:** \_\_\_\_\_

**Cty, St Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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### **Drill and Exercise Tracking Form**

#### **For Reference – FEMA Definitions:**

**Drill:** *An activity designed to evaluate a single emergency response function. This involves an actual field response such as making contacts to check the information included in the communication directory. A drill's effectiveness lies in the focus on a single or relatively limited portion of the overall response system in order to evaluate and improve that function.*

**Tabletop Exercise:** *An informal activity involving discussions of actions to be taken based on described emergency situations. A tabletop exercise is done without time constraints, which allows the participants to practice emergency situation problem solving, evaluate plans and procedures, and to resolve questions of coordination and assignment of responsibilities. A series of messages are issued to participants in the exercise, and they respond verbally to the simulated incident in a nonstressful atmosphere. This exercise will involve management, key agency staff, and personnel from outside organizations as appropriate.*

**Functional Exercise:** *An activity in which participants respond in a coordinated manner to a timed, simulated incident that parallels a real operational event as closely as possible. This exercise is generally conducted in an emergency operations center or incident command post and messages are passed to the participants in written form, by telephone, radio, FAX, computer, or other method of communication. The functional exercise uses information such as emergency plans, maps, charts, and other information available in a real event and creates stress by increasing the frequency of messages, intensity of activity, and complexity of decisions and/or requirements for coordination. It does not involve actual mobilization of emergency response forces in the field. Participants will include management, key agency staff, and personnel from outside organizations as appropriate.*

**Full-Scale Exercise:** *An activity in which emergency preparedness officials respond in a coordinated manner to a timed, simulated incident but includes the mobilization of field personnel and resources and the actual movement of emergency workers, equipment, and resources required to demonstrate coordination and response capability. This exercise is intended to evaluate the entire emergency organization or its major parts in an interactive manner over a substantial period of time. It mobilizes emergency officials in an emergency operations center plus the activation of one or more emergency functions outside of the center. Reclamation will not generally conduct this level of exercise, but will participate in exercises conducted by others when our facilities are involved.*