

**Exercise Notification Form**

Please submit this form to ADEM Exercise prior to conducting your exercise so we can add it to our master schedule posted to the DPS website.

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| **OVERVIEW** |
| Exercise Name: Click here to enter text. |
| Exercise Overview: Click here to enter text. |
| Core Capabilities: Click here to enter text. |
| FEMA Priority Area: Click here to enter text. |
| Primary Lead Planning Org: Click here to enter text. |
| Exercise POC: Click here to enter text. |
| Primary Sponsor: ADEM- Click here to enter text. | Other (Specify): Click here to enter text. |
| Program: Click here to enter text. |
| Type: Click here to enter text. |
| Primary Location: Click here to enter text. |
| Date: Click here to enter a date. | Time: Click here to enter text. |

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| **SCOPE** |
| **[ ]** Local **[ ]** Non-Gov./Volunteer **[ ]** Federal**[ ]** City **[ ]** PrivateSector**[ ]** State**[ ]** Multi-County **[ ]** Intrastate |
| Other: Click here to enter text.  |

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| **SCENARIO** |
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| **BIOLOGICAL** | **CHEMICAL** | **NATURAL DISASTERS** |
| **[ ]** Aerosol Anthrax**[ ]** Food Contamination[ ]  Foreign Animal Disease**[ ]**  Pandemic Influenza**[ ]**  Plague**EXPLOSIVES**[ ]  Improvised Explosive Devise | [ ]  Blister Agent[ ]  Chlorine Tank Explosion [ ]  Nerve Agent**[ ]** Toxic Industrial Chemical**NUCLEAR**[ ]  Improvised Explosive Devise | **[ ]** Major Earthquake[ ]  Major Hurricane**[ ]** Flooding[ ]  Tornado[ ]  Fire**RADIOLOGICAL**[ ]  Radiological Dispersal Devise |

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| Other: Click here to enter text.  |
| **CONFERENCE/PLANNING MEETINGS** |
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| [ ]  Concepts and Objectives Meeting (C&O) | Date:  |
| [ ]  Initial Planning Conference (IPC) | Date:  |
| [ ]  Mid-Term Planning Conference (MPC)  | Date:  |
| [ ]  Final Planning Conference (FPC) | Date:  |

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| **PREVENTION CORE CAPABILITIES** |
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| [ ]  Planning |
| [ ]  Public Information and Warning |
| [ ]  Operational Coordination |
| [ ]  Forensics and Attribution |
| [ ]  Intelligence and Information Sharing |
| [ ]  Interdiction and Disruption |
| [ ]  Screening, Search, and Detection |

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| **PROTECTION CORE CAPABILITIES** |
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| [ ]  Access Control and Identity Verification |
| [ ]  Cyber-Security |
| [ ]  Intelligence and Information Sharing |
| [ ]  Interdiction and Disruption |
| [ ]  Physical Protective Measures |
| [ ]  Risk Management for Protective Programs and Activities |
| [ ]  Screening, Search, And Detection |
| [ ]  Supply Chain Integrity and Security |

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| **MITIGATION CORE CAPABILITIES** |
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| [ ]  Planning |
| [ ]  Public Information and Warning |
| [ ]  Operational Coordination |
| [ ]  Community Resilience |
| [ ]  Long-Term Vulnerability Reduction |
| [ ]  Risk and Disaster Resilience Assessment |
| [ ]  Threats an Hazard Identification |

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| **RESPONSE CORE CAPABILITIES** |
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| [ ]  Planning |
| [ ]  Public Information and Warning |
| [ ]  Operational Coordination |
| [ ]  Critical Transportation  |
| [ ]  Environmental Response/Health Safety |
| [ ]  Fatality Management Services |
| [ ]  Infrastructure Systems |
| [ ]  Mass Care Services |
| [ ]  Mass Search and Rescue Operations  |
| [ ]  On-Scene Security and Protection |
| [ ]  Operational Communication |
| [ ]  Public and Private Services and Resources |
| [ ]  Public Health and Medical Services |
| [ ]  Situational Assessment |

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| **RECOVERY CORE CAPABILITIES** |
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| [ ]  Planning |
| [ ]  Public Information and Warning |
| [ ]  Operational Coordination |
| [ ]  Health and Social Services |
| [ ]  Housing  |
| [ ]  Infrastructure Systems |
| [ ]  Natural and Cultural Resources  |

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| **Lead Planner:** Click here to enter text.**Major Participants:** Click here to enter text.**Will equipment purchased through the State Homeland Security Grant Program (SHSGP) be exercised? If so what equipment?**Click here to enter text.**Will areas needing corrective actions identified from previous year’s Exercise After Action Report/ Improvement Plan be tested? If not, please provide details describing when the items were corrected.**Click here to enter text. |