

This report should be completed by Schools, Hospitals, Nursing Homes, Personal Care Homes, Day Care Centers, Community Infrastructure, and Volunteer Organizations.

Use the Submit Form button at the end of the form to send the report to the PEMA Training and Exercise Division. All entities should complete Numbers 1 to 7 and the appropriate participation data and sign the report.

1. Date of Exercise: _____ County: _____ Municipality: _____

2. Information for Person Completing the Form

Title _____ First Name _____ Last Name _____

Contact Information: E-mail Address _____ Phone Number _____

3. Facility Information

Type Facility: _____ Name of Facility: _____

Address: Number _____ Street _____ Town _____ Zip Code _____

Does the facility have the capability to operate from an alternate emergency power source? Yes No

If yes, was this power source tested during the exercise? Yes No

4. All Hazards Emergency Operations Plan Information

Does your facility have an All Hazards Emergency Operations Plan (EOP)? Yes No

Was the EOP followed during the exercise? Yes No

If no, please provide the reason the EOP was not followed.

Please list the required changes to your EOP that became evident as a result of this exercise.

5. Weather Product Information

Does your facility have a National Weather Service (NWS)/National Oceanic and Atmospheric Administration (NOAA) weather radio? Yes No

Did your facility receive watches and warnings via the weather radio? Yes No

Did your facility receive watches and warnings via other methods? Yes No

If yes, please provide the primary method by which severe weather watches and warnings were received by your facility and which entity sent the watches and warnings.

Primary Method: _____ Sending Entity: _____

Were these weather products received by your facility in a timely manner?

Weather Watches	Yes	No	Weather Warnings	Yes	No
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