



Exercise/Event Worksheet

State Homeland Security Grant Program Part II

1. Complete all sections (attach additional pages if necessary)
2. Attach copies of sign-in rosters and evaluation worksheets.

Name of School District/PSA:

	District Number
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Name and Telephone Number of Contact Person:

Date of Event:

Location:

Type of Event:
(please check one)

Orientation/Planning Workshop

Table Top Exercise

Full Scale Exercise

Describe your Exercise/Meeting Objectives (use additional sheets if necessary)

Describe the Hazard Scenario (chemical, biological, radiological, nuclear, explosive)

Participants (indicate the number participating in each category)

Direction and Control		Fire Services		*School Services Breakdown	
Warning/Communications		Public Works		Administrators	
Public Information		Health Services		Teachers	
Damage Assessment		Emergency Med Services		Facility Managers	
Radiological Defense		Human Services		Food Service	
Law Enforcement		School Services*		Transportation	
				Maintenance	
				School/district medical staff	

Submitter Name (printed)

Signature of Submitter

Date: