



Exercise Evaluation Worksheet

Orientation/Planning Workshop

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1. Was the goal (purpose) of the workshop activity accomplished?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
2. Did the workshop activity discuss plans, policies and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
3. Did it clarify roles and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
4. Was a CBRNE element introduced to the participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
5. Did the workshop activity have the appropriate personnel attending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
6. Did the participants respond favorably to the workshop activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
7. Was the workshop activity well structured and organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
8. Were handouts and other pertinent materials distributed to the attendees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N
9. Was the hazard (CBRNE) awareness enhanced by the meeting activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N

If you answered NO to any of the above questions, please provide an explanation below.

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Name of Submitter (printed)

Signature of Submitter

Date:



Exercise Evaluation Worksheet

Table Top Exercise

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1. Was the goal (purpose) of the exercise accomplished?		Y		N
2. Was the exercise scenario plausible and realistic?		Y		N
3. Did the exercise have the appropriate personnel participating?		Y		N
4. Was the exercise well structured and organized?		Y		N
5. Did the participants respond favorably to the exercise activity?		Y		N
6. Were issues of coordination and resource acquisition discussed?		Y		N
7. Were the roles and responsibilities in the hazard scenario identified?		Y		N
8. Was there a player critique conducted after the exercise to discuss resulting problems or issues?		Y		N
9. Was the hazard (CBRNE) awareness enhanced by this exercise?		Y		N

If you answered NO to any of the above questions, please provide an explanation below.

Name of Submitter (printed)

Signature of Submitter

Date:

