



EMERGENCY MANAGEMENT EXERCISE REPORTING SYSTEM (EMERS)

PART 1 –GENERAL INFORMATION

1. Jurisdiction	2. EMPG Funded Jurisdiction <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------	--

3. Type of Exercise <input type="checkbox"/> Real World Event <input type="checkbox"/> Drill <input type="checkbox"/> Tabletop <input type="checkbox"/> Functional <input type="checkbox"/> Full Scale	If Reporting Actual Occurrence <input type="checkbox"/> Local Declaration <input type="checkbox"/> State Declaration <input type="checkbox"/> Federal Declaration	4. Mission Focus On: <input type="checkbox"/> Prevention <input type="checkbox"/> Protection <input type="checkbox"/> Mitigation <input type="checkbox"/> Response <input type="checkbox"/> Recovery	5. Date(s) of Event: Begin: _____ End: _____
--	---	--	---

6. Hazard Scenario

Please enter only one (1) P for Primary Hazard and one (1) or more S's for the Secondary Hazard

Natural Hazards				Homeland Security			
P	S	P	S	P	S	P	S
<input type="checkbox"/>	<input type="checkbox"/> Avalanche	<input type="checkbox"/>	<input type="checkbox"/> Subsidence	<input type="checkbox"/>	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/>	<input type="checkbox"/> Biological
<input type="checkbox"/>	<input type="checkbox"/> Drought	<input type="checkbox"/>	<input type="checkbox"/> Tornado	<input type="checkbox"/>	<input type="checkbox"/> Civil Disorder	<input type="checkbox"/>	<input type="checkbox"/> Chemical
<input type="checkbox"/>	<input type="checkbox"/> Earthquake	<input type="checkbox"/>	<input type="checkbox"/> Tsunami	<input type="checkbox"/>	<input type="checkbox"/> Hostage	<input type="checkbox"/>	<input type="checkbox"/> Explosive
<input type="checkbox"/>	<input type="checkbox"/> Flood	<input type="checkbox"/>	<input type="checkbox"/> Straight Line Winds	<input type="checkbox"/>	<input type="checkbox"/> Increased Readiness	<input type="checkbox"/>	<input type="checkbox"/> Nuclear
<input type="checkbox"/>	<input type="checkbox"/> Hurricane	<input type="checkbox"/>	<input type="checkbox"/> Wild Fire	<input type="checkbox"/>	<input type="checkbox"/> Active Shooter	<input type="checkbox"/>	<input type="checkbox"/> Other
<input type="checkbox"/>	<input type="checkbox"/> Dam Failure	<input type="checkbox"/>	<input type="checkbox"/> Winter Storm				
		<input type="checkbox"/>	<input type="checkbox"/> Other:				

Technological / Man-made Hazards							
P	S	P	S	P	S	P	S
<input type="checkbox"/>	<input type="checkbox"/> Dam Failure	<input type="checkbox"/>	<input type="checkbox"/> Power Failure	<input type="checkbox"/>	<input type="checkbox"/> Transport. Accidents	<input type="checkbox"/>	<input type="checkbox"/> Air/Rail/Hwy/Water
<input type="checkbox"/>	<input type="checkbox"/> Hazardous Materials (Fixed Fac.)	<input type="checkbox"/>	<input type="checkbox"/> Radiological (Fixed Facility)	<input type="checkbox"/>	<input type="checkbox"/> Radiological (Transport.)	<input type="checkbox"/>	<input type="checkbox"/> Other:
<input type="checkbox"/>	<input type="checkbox"/> Hazardous Materials (Transport.)	<input type="checkbox"/>	<input type="checkbox"/> Structure Fires				

7. Indicate the Number of Participants in each Category

Appointed Officials Civil Air Patrol Communications Elected Officials Emergency Management	Finance Fire Health & Medical Human Services Law Enforcement Local Emergency	Planning Committee Private Industry Public Information Public Participants Public Works Radiological	School Personnel Search and Rescue Utilities Other:
--	---	---	--

Please list individually for the following categories

Volunteer Agencies	Military	Federal Agencies	State

TOTAL PARTICIPANTS:

PART II - FUNCTIONS TESTED

Emergency Functions	Event Results S = Satisfactory NI = Needs Improvement NT = Not tested	Corrective Action Requirements (Check to show that a corrective action is required.)				
		Planning	Training	Personnel	Equipment	Facilities
1. Alert / Notification						
Officials	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response / Recovery Personnel	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Warning (Public)						
From EOC or Command Post	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Siren	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Alerting System	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs Population	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Communications						
Telephone	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teleconference	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cellular	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radio	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amateur Radio	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satellite	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email / Internet	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Coordination & Control						
Incident Command System	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unified Command	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EOC Operations						
Direction & Control	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EOC Facility	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate EOC	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Power	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-Agency Communications	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Message Handling	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of Coordination						
Officials	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EOC Staff	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Support Services	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Resp. / Rec. Personnel	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II - FUNCTIONS TESTED (continued)

5. Emergency Public Information						
Prior to the emergency	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the emergency	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-emergency period	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centralized info. activities	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
De-centralized info. activities	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Damage Assessment						
Private Sector	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Sector	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Health & Medical						
Emergency Medical Services	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environment & Public Health	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Casualty	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Facilities	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiological	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Individual & Family Assistance						
Shelters/Relocation Centers	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reunification	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Food/water/clothing	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Public Safety						
Law Enforcement	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Search & Rescue	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Public Works / Engineering						
Debris Management	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restoration	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Transportation						
Land / Ground	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment / Supplies	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Resource Management						
Donated Goods	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Coordination	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel trained in response	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel familiar with EOP	<input type="checkbox"/> S / <input type="checkbox"/> NI / <input type="checkbox"/> NT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXERCISE OBJECTIVES:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

DISCUSSION OR OBSERVATIONS WITH CORRESPONDING RECOMMENDATIONS:**LESSONS LEARNED:**

IMPROVEMENT PLAN:

1. Action-

Point of Responsibility-

Estimated Completion Date-

2. Action-

Point of Responsibility-

Estimated Completion Date-

3. Action-

Point of Responsibility-

Estimated Completion Date-

4. Action-

Point of Responsibility-

Estimated Completion Date-

5. Action-

Point of Responsibility-

Estimated Completion Date-

