**Event Overview**

**Facilitator/Controller:**

**Event Name:**

**Date:**

**Duration:**

**HVA Hazards Addressed:**

**Agencies/Organizations Involved:**

**Evaluators:**

**Event Coordinators:**

**Report Compiled by:**

**Event Summary**

*Background:*

*Scope/Purpose:*

*Scenario*:

**Exercise Objectives**:

**Communications:**

*(Description of events)*

**Resource and Asset Mobilization:**

*(Description of events)*

**Patient Clinical and Support Care:**

*(Description of events)*

**Staff Roles and Responsibilities:**

*(Description of events)*

**Safety and Security:**

*(Description of events)*

**Utilities:**

*(Description of events)*

**Analysis of Capabilities:**

**Conclusion:**

**Exercise Name:**

**Date:**

**Exercise Coordinators:**

| **Issue** | **Recommendations / Actions (Plan)** | **Responsible Person(s)/ Dept** | **Target Date for Follow-up, Completion and/or Implementation** | **Status** |
| --- | --- | --- | --- | --- |
| **Topic Heading:** | | | | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |