

EXERCISE SCHEDULING FORM

<input type="checkbox"/> New Exercise	Reschedule	AGENCY USE ONLY:			
<u>Contact Information</u>		ADEC Plan Reviewer:			
Company:		Received Date:			
Contact Name:					
Address 1:					
Address 2:					
City:				State:	Zip:
Phone:					
E-mail:					

Exercise Information

Location/Facility of Incident to be Exercised:			
Location of Command Post:			
Start Date:		Start Time:	
End Date:		End Time:	
Facility Type:			
FOSC:	<input type="checkbox"/> USCG	<input type="checkbox"/> EPA	<input type="checkbox"/> Agency Representative Requested
SOSC Participation Requested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
LOSC:			
Initial Planning Meeting:	Date:	Time:	Location:
Plan(s) Being Exercised:			
Components of Plan Exercised:			
OSRO/PRAC:			
Other Agency/Stakeholder Participation Requested:			
HSEEP Discussion-Based Exercise Type: (*Not eligible as 485 exercise)	<input type="checkbox"/> *Seminar <input type="checkbox"/> *Workshop <input type="checkbox"/> *Tabletop/TTX Other: _____		
HSEEP Operations-Based Exercise Type: (**Commonly referred to as a Tabletop/IMT exercise by the Alaska spill response community)	<input type="checkbox"/> Drill <input type="checkbox"/> **Functional <input type="checkbox"/> Full Scale Other: _____		

Submitting form with incomplete information may result in exercise scheduling delays.

Once form is complete, please send this form to your ADEC plan reviewer.