

(External) Community Resources – Partners Used or Contacted in Exercise Plan

Partner/Agency Name	Role	Feedback Provided	Declined to Provide Feedback
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

<p>What areas of the Emergency Preparedness Plan implementation worked well?</p>
<p>What areas of the Emergency Preparedness Plan require Improvement? (complete Action Plan)</p>

Debrief	Completed By:	Date	Time
<input type="checkbox"/> Posted for team member review	<input type="checkbox"/> Discussion at team member meeting	Other:	

Team Members (Names) Participating	Signatures