

EXERCISE SCHEDULING FORM

<input type="checkbox"/> New Exercise Reschedule					<u>AGENCY USE ONLY:</u>	
<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.