# Exercise Evaluation Guide

## Module 1: COOP Plan Phase 2 – Activation and Notification

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| **Name:** |  | **Organization:** |  |
| **Title:** |  | **Telephone:** |  |
| **E-Mail:** |  | **Exercise Type:** |  |
| **Exercise Location:** |  | **Date:** |  |

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| **Module Key Issues** |
| * Initial activation and notification of COOP procedures
* Incident management
* Critical customers/partners and vendors
* Identification of essential functions/critical business processes and their dependencies
* Resource requirements (vital records, equipment, software)
 |

**Instructions to Evaluators:** Please complete the Points of Review below based on the participant discussions. The question numbers correspond to the Facilitator Guide. **A goal of this exercise is to document where COOP information is located within the COOP Plan.** Whenever possible, please identify where in the COOP Plan participants found the relevant information (e.g., Section 2.2.1).

## Points of Review

| **Verify** | **Yes** | **Reference (e.g., Section 2.2.1)** | **No** | Not Observed |
| --- | --- | --- | --- | --- |
| 1. **A**. Does the COOP Plan identify activation procedures?
 | [ ]  |  | [ ]  | [ ]  |
| 1. **B.** Does the COOP Plan identify leadership or members of an incident management team? Please attach the completed Incident Command System (ICS) chart from Section 2.2.1.
 | [ ]  |  | [ ]  | [ ]  |
| 1. Does the COOP Plan identify who is authorized to determine a building closure?
 | [ ]  |  | [ ]  | [ ]  |
| 1. **A**. Is there a documented process for communicating the building closure to staff?
 | [ ]  |  | [ ]  | [ ]  |
| 1. **B.** Was the Crisis Communication Tool used? If yes, please generate the report and attach it to this EEG for inclusion in the After Action Report.
 | [ ]  |  | [ ]  | [ ]  |
| 1. Is the primary facility co-located with any other State Organizations or businesses that would need to be notified of the COOP Plan activation? If yes, please identify the State Organization/business and point of contact.
 | [ ]  |  | [ ]  | [ ]  |
| Co-located Organizations or Businesses:  |
| 1. Does the COOP Plan identify what critical vendors or coordinating entities should be contacted to be made aware of the COOP operations?
 | [ ]  |  | [ ]  | [ ]  |
| 1. **A.** Are method(s) of communication that will be used to notify external partners or customers identified?
 | [ ]  |  | [ ]  | [ ]  |
| 1. **B.** Does the COOP Plan identify backup communication methods?
 | [ ]  |  | [ ]  | [ ]  |
| If not, what backup methods are available? |
| 1. Are essential function/critical business process criticality levels noted in the COOP Plan?
 | [ ]  |  | [ ]  | [ ]  |
| 1. Are critical applications listed in the COOP Plan?
 | [ ]  |  | [ ]  | [ ]  |
| 1. Does the COOP Plan identify vital records and backup systems?
 | [ ]  |  | [ ]  | [ ]  |
| 1. Does the COOP Plan identify what equipment resources are necessary?
 | [ ]  |  | [ ]  | [ ]  |
| If yes, please identify equipment: |
| 1. Does the COOP Plan identify any of the following COOP Kit components (check all that apply):

🞎 COOP Plan (hard copy)🞎 General office supplies🞎 Backup communication devices🞎 Manual work-around procedures for performing essential functions🞎 Compact discs/flash drives/additional media as needed with essential documents | [ ]  |
| 1. Are Damage Assessment Team roles and responsibilities identified in the COOP Plan?
 | [ ]  |  | [ ]  | [ ]  |

**Please attach Crisis Communications reports or draft message and the ICS Form generated as part of this exercise.**

**Notes: Please provide any additional feedback or information for improving or updating the organization’s COOP Plan (e.g., inclusion of essential information, update contact information).**

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| **Notes** |
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