# 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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