# Exercise Evaluation Guide

## Module 2: COOP Plan Phase 3 – COOP Operations

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

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| **Module Key Issues** |
| * Alternate facilities * Resource requirements (software, equipment, finances) * Critical customers/partners and vendors |

**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. Does the COOP Plan identify an alternate facility? |  |  |  |  |
| 1. **A.** Is the agreement between the Organization and the alternate facility formalized? |  |  |  |  |
| If no, how is the agreement memorialized or documented? | | | | |
| **2. B.** Is the contact information for the alternate facility listed? |  |  |  |  |
| 1. **A.** Is someone assigned responsibility for setting up the alternate facility? |  |  |  |  |
| 1. **B.** Is there a schematic or other diagram that will guide set-up? |  |  |  |  |
| 1. Does the COOP Plan identify any modifications that must be completed on the alternate facility (e.g., office supplies, IT equipment)? |  |  |  |  |
| 1. Is a time estimate provided for when the alternate site can be active? |  |  |  |  |
| 1. **A.** Does the COOP Plan identify where essential functions/critical business processes will be performed (e.g., telework or alternate facility)? Has the incident command team identified where essential functions/critical businesses processes will be performed? |  |  |  |  |
| *If yes, please describe how the decision was made:* | | | | |
|  | | | | |
| 1. **B.** Is there any guidance for providing public information? |  |  |  |  |
| 1. Does the COOP Plan identify someone responsible for moving the COOP Kit to the alternate facility or is the COOP Kit pre-staged? |  |  |  |  |
| 1. Are financial purchasing/acquisition procedures identified? |  |  |  |  |
| 1. Is personnel accountability established? |  |  |  |  |
| 1. Is there a procedure for employee relocation? |  |  |  |  |
| 1. **A.** Is the process for transferring in-office assets to the alternate facility described? |  |  |  |  |
| **11.** **B.** Does the Plan identify how the primary facility will remain secure? |  |  |  |  |
| 1. Are security or access requirements for the alternate facility established? |  |  |  |  |
| 1. Does the COOP Plan have any guidance on orientation materials for the alternate location? |  |  |  |  |
| 1. Is telework addressed in the COOP Plan? |  |  |  |  |
| 1. Are communication methods between co-workers identified? |  |  |  |  |

**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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