# 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
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**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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