



Primary Care Emergency Preparedness Network

Exercise Planning Meeting Initial Data Collection Tool

Person Completing Form	Meeting Date/Time
Meeting Facilitator and Organization	Meeting Location
Type of Exercise	Organization/Department Hosting the Exercise
Description of Meeting (initial planning conference, etc)	
Anticipated Exercise Date/Time	
Necessary Requirements of the Exercise (Funding mandates, Joint Commission, etc)	
Plans or Portions of Plans to Be Tested	Previously Exercised? (If yes, give date and type of exercise)
Goals of the Exercise	

PCEPN

Primary Care Emergency Preparedness Network

Exercise Scenario (description)		
Exercise Staff Needed		
Type of Staff	Number Needed	Organization/Department Responsible for Staffing
Facilitators		
Evaluators		
Controllers		
Simulators		
Real-World Security		
Other (describe):		
Exercise Location		
Anticipated Logistics (food, parking, etc)		
Organization/Department Responsible for Logistics		

PCEPN

Primary Care Emergency Preparedness Network

Draft Exercise Agenda	
Time	Activity
0:00	Welcome and Introductions
After Action Report/Improvement Plan Drafting and Distribution Process	
Activity	Timeline for Completion
Collect Evaluator Notes	
Distribute Draft of After Action Report/Improvement Plan	
Participant Comment Period	
Finalize and Distribute After Action Report/Improvement Plan	
Other Notes for After Action/Improvement Planning Process	

PCEPN

Primary Care Emergency Preparedness Network

Other Comments
Future Meetings/Calls: