

PHHP Exercise Review Checklist

This checklist may be used in completing the Exercise Review Online Form. It provides additional explanation to clarify what information needs to be included in the review form. It also helps to further standardize Public Health and Health Care Preparedness (PHHP) Exercise planning and execution, and to ensure compliance with Homeland Security Exercise and Evaluation Program (HSEEP) requirements. Please address each of the following items on the online form as it applies to the exercise being submitted.

Exercise Demographics

- Enter the exercise title, Project Officer or contact person, PHHP Program Manager for the associated Strategic Objective, the agency or organization submitting the exercise, and any additional contact information.

Exercise Description

- Give a brief description of the exercise, including the **purpose** of the exercise and information about **who** will perform which functions and roles during the exercise. Be sure to include the **date, time, and location** of the exercise. Identify if this is a Healthcare Preparedness Program (HPP) coalition exercise. This description may be used in calendar listings.

Exercise Type

- Identify the type of exercise (refer to <https://hseep.dhs.gov> for more information).
 - Discussion-based: Seminar, Workshop, Tabletop Exercise or Game
 - Operations-based: Drill, Functional, or Full-Scale ExerciseEnter any additional explanation in the "Additional Information" section. If more than one type of exercise is being planned, each should be submitted on a separate review form.

Exercise Objectives

- List the objectives for the exercise.

Exercise Start and End Dates

- Specify the date the exercise will begin in the first box, then list the date the exercise will end in the second box. If the exercise is only one day, just put the same date in both boxes. Enter any additional explanation in the "Additional Schedule Information" box.
- Enter the month, day, and four digit year.

Participating Groups/Coalition Members/Target Audience

- Identify the groups intended to participate in the exercise.

Multi-Year Training and Exercise Plan (MYTEP)

- Specify the Multi-Year Training and Exercise Plan that includes this exercise priority by agency and level.

Plans to be Exercised

- List the agency plans that will be exercised.

After Action Report / Improvement Plan (AAR/IP) Issues

- Explain previous AAR/IP issues that will be exercised, if applicable.

Relevant Training

Discuss the participant training related to the exercise.

Vulnerable Populations

Describe how vulnerable populations will be included in the exercise planning and participation.

Multi-Level Inclusion

Describe how local, regional, coalitions as defined by HPP and state level representatives will be included in the exercise planning and participation, as applicable.

Target Capability

Specify which PHHP Strategic Objective this exercise supports. Enter any additional explanation in the "Additional Information" section at the bottom of the form.

Budget Allocation

Identify the approved total exercise cost; (0.00) do not add a dollar sign \$, other characters, or letters. Enter any additional explanation in the "Funding Detail" section.

Funding Detail

Provide funding detail and any additional budgetary explanation.

Related Project

Enter the exercise project name, if known.

Project ID

Enter the project ID number, if known.

Project OCA

Enter the project OCA, if known.

Scheduling Contact

Provide the name and title of the person responsible for submitting the exercise information to the Exercise Coordinator in the Training, Exercise, and Evaluation Unit for posting.

AAR/IP Contact

Provide the name and title of the person responsible for submitting the After Action Report and Improvement Plan within 60 days after the exercise to PHMP_TrainEx@doh.state.fl.us.

Implementation Point of Contact (POC)

Provide the name and title of the person responsible for tracking the implementation of the corrective actions identified in the AAR/IP.

Additional Information

Provide any additional information or comments not previously noted.

Document Submission

Identify the documentation that will be submitted with this request; documents should also be emailed to PHMP_TrainEx@doh.state.fl.us. Draft documents with enough information to provide a good explanation of the exercise plan may be submitted.

- For discussion-based exercises include:

- Situation Manual (SitMan)
 - Facilitator Guide
 - Exercise Evaluation Guides (EEG)
 - Presentation Materials
 - Participant feedback survey
- For operations-based exercises include:
 - Exercise Plan (ExPlan)
 - Exercise Evaluation Guides (EEG)
 - Controller-Evaluator Handbook
 - Master Scenario Event List (MSEL)
 - Participant feedback survey
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Refer to https://hseep.dhs.gov/pages/1001_HSEEP10.aspx for appropriate document templates.