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REQUEST FOR SUBSTITUTE EXERCISE CREDIT FOR AN ACTUAL EVENT

This submission attests to the belief this incident provided an ideal opportunity to test the county plan and critical functions well beyond the typical, routine responses. Submit to: kdem.exercises@gmail.com or fax 785-274-1426

Name of County | **Begin Date (of Actual Event)** | **End Date (of Actual Event)**

A general description of the event(s)

Identify those disciplines / departments / organizations that actively participated during the event:

- ☐ Emergency Mgmt
- ☐ Fire Service
- ☐ Schools/Universities
- ☐ Finance / Admin
- ☐ Public Health
- ☐ HazMat
- ☐ CERT Teams
- ☐ Private Sector
- ☐ Hospital(s)
- ☐ Law Enforcement
- ☐ Veterinarians / Extension
- ☐ _____
- ☐ Behavioral Health
- ☐ Public Works
- ☐ Military / Civil Support
- ☐ _____
- ☐ EMS
- ☐ Communications
- ☐ Volunteer Agency(ies)
- ☐ _____
- ☐ Specialized Team
- ☐ GIS
- ☐ State / Federal

Target Capabilities Tested: Check all of those capabilities that apply to this event

Common Target Capabilities

- ☐ Planning
- ☐ Risk Management
- ☐ Communications
- ☐ Community / Citizen Preparedness and Participation

Prevent Mission Area Target Capabilities

- ☐ Information Gathering and Recognition of Indicators and Warnings
- ☐ Intelligence Analysis and Production
- ☐ Intelligence / Information Sharing and Dissemination
- ☐ Law Enforcement Investigation and Operations
- ☐ CBRNE Detection

Protect Mission Area Target Capabilities

- ☐ Critical Infrastructure Protection (CIP)
- ☐ Epidemiological Surveillance and Investigation
- ☐ Food and Agriculture Safety and Defense
- ☐ Public Health Laboratory Testing

Recover Mission Area Target Capabilities

- ☐ Economic and Community Recovery
- ☐ Restoration of Lifeline
- ☐ Structural Damage and Mitigation Assessment

Respond Mission Area Target Capabilities

- ☐ Animal Health Emergency Support
- ☐ Citizen Protection: Evacuation and/or Shelter-In-Place Protection
- ☐ Critical Resource Logistics and Distribution
- ☐ Emergency Public Information and Warning
- ☐ Environmental Health
- ☐ Emergency Operations Center (EOC) Management
- ☐ Explosive Device Response Operations
- ☐ Fatality Management
- ☐ Firefighting Operations/Support
- ☐ Isolation and Quarantine
- ☐ Mass Care (Sheltering, Feeding, and Related Services)
- ☐ Mass Prophylaxis
- ☐ Medical Supplies Management and Distribution
- ☐ Medical Surge
- ☐ Onsite Incident Management
- ☐ Public Safety and Security Response
- ☐ Responder Safety and Health
- ☐ Search and Rescue
- ☐ Triage and Pre-Hospital Treatment
- ☐ Volunteer Management and Donations
- ☐ WMD / Hazardous Materials Response and Decontamination

About this incident, which areas/functions proved to be an exceptional test of the local plan / related resources:

- ☐ A formal declaration of disaster was issued
- ☐ An Incident Command System was structured and multiple operational periods were defined
- ☐ Incident Action Plan(s) were developed
- ☐ Emergency Operations Center [or alternate] was activated and resources/information coordinated
- ☐ Actual evacuations of populations / sheltering-in-place provisions implemented
- ☐ Public transportation resources were activated
- ☐ A local damage assessment team was deployed and documentation collected
- ☐ Any GIS capabilities were utilized and coordinated
- ☐ Actual debris management plans were activated
- ☐ Actual sheltering/warming center operations were activated [mass care and feeding]
- ☐ [Specialized] Resource support and acquisitions was required
- ☐ Special public health and/or medical services were provided
- ☐ Special search and rescue operation(s) were conducted and coordinated
- ☐ Extraordinary hazardous materials response and recovery operation was conducted
- ☐ Any unique animal care operations were coordinated / movement permit procedures activated
- ☐ Multiple media outlets were present and coordination was required

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Formal After Action Review Process *(a requirement for substitute exercise credit to be considered)*

☐ Was / Will be conducted on:

☐ Technical assistance requested to support the AAR/IP process *(requests must be made well in advance)*

Describe technical assistance needed:

What sources of information have been collected to best document the incident?

☐ Photographs

☐ Newspaper article(s)

☐ Video / audio tapes

☐ ICS forms

☐ Maps

☐

☐

☐

☐

Point of Contact Information:

Name:

Agency:

Email:

Phone:

- ✓ *Decision to accept / reject the actual incident for substitute exercise credit rests with KDEM.*
- ✓ *If incident is accepted for substitute exercise credit, an After Action Report and Improvement Plan must be submitted to KDEM within 90 days.*