



**(External) Community Resources – Partners Used or Contacted in Exercise Plan**

Partner/Agency Name	Role	Feedback Provided	Declined to Provide Feedback
			<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>
			<input type="checkbox"/>

<p><b>What areas of the Emergency Preparedness Plan implementation worked well?</b></p>       
<p><b>What areas of the Emergency Preparedness Plan require Improvement? (complete Action Plan)</b></p>       

<b>Debrief</b>	<b>Completed By:</b>	<b>Date</b>	<b>Time</b>
<input type="checkbox"/> <b>Posted for team member review</b>	<input type="checkbox"/> <b>Discussion at team member meeting</b>	<b>Other:</b>	



Team Members (Names) Participating	Signatures