

C.17. Emergency Response Exercise Form

Emergency Response Exercise Form	
This document summarises the areas for potential improvement or the positive elements noted during the exercises.	
Date of Exercise: ___ / ___ / ___	
Was the Exercise announced: YES / NO	
Base location: _____ Type of Exercise	
(Which Procedure Was Tested): _____	
Summary of the Exercise: 	
Findings: (ie Positive / Negative Result of the Exercise)	
Corrective measures: (ie Additional training required, follow-up, elements that need to be updated in the ERP, etc.)	
Full name of the Person directing the Exercise: _____	
Signature of the Person Leading the Exercise: _____	

READ ONLY! ** Printed/Downloaded copies are considered UNCONTROLLED - Verify current issue before use**