# Oregon Exercise/Actual Occurrence Report 2023

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| **Section 1: Event Overview** | | | | | |  | | | | | | |
| **Reporting Party:** Name of Jurisdiction  **Event Host:**  **Event Name:** Name of Event  **Begin Date:** Date  **End Date:** Date | | | | | | Identified in IPP: Yes  No  Part of Progressive Exercise Cycle: Yes  No | | | | | | |
| **Grant Funding Used?**  EMPG  HSGP  **Grant Number**: Click here to enter text.  **Grant Funded Staff Participants**  Yes  No  **Who?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Exercise Role**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | **Type of Event**  Actual Occurrence  Special Event  Exercise  Event Description | | | | | | |
| **Hazard** | | | | | | | | | | | | |
| **Natural**  Coastal Hazards  Drought  Earthquake  Extreme Heat Event  Flood  Landslide/Debris Flow  Tsunami  Volcano  Wildfire  Windstorm (includes tornado and dust storm)  Winter Storm  Other:Click here to enter text. | | | | **Technological**  Fires (including conflagration)  Hazardous Materials Release  Industrial Accident  Pipeline Explosion  Structural Collapse (including levee and dam failures)  Train Derailment  Structural Fires  Transportation Incidents  Utility Disruption | | | | | **Human Caused**  Active Shooter  Civil Disorder  Critical Resource Shortages (i.e., chlorine)  Communicable Disease Outbreak  Chemical, Biological, Nuclear, and Explosives (CBRNE)  Cyber-attacks  Enemy Attack  Fires (Including conflagration)  Explosive Attack  Sabotage  Terrorism  Transportation accidents  Other incidents involving the use of weapons of mass destruction.  Other: Click here to enter text. | | | |
| **Number of Participants and Agencies Per Exercise** | | | | | | | | | | | | |
|  | **Local** | **State** | **Federal** | | **NGO** | | **Tribal** | **Private** | | **Volunteer** | **Other** | **Totals** |
| **Participants:** | # | # | # | | # | | # | # | | # | # |  |
| **Agencies:** | # | # | # | | # | | # | # | | # | # |  |
| **Section 2: Plans, Policies, or Procedures Tested** | | | | | | | | | | | | |
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| **Section 3: Core Capabilities Tested** | | | | | | | | | |
| **Mission Area** | **Event Results** | | | | **Corrective Actions** | | | | |
| *P = Performed without challenges*  *S = Performed with some challenges*  *M = Performed with major challenges*  *U = Unable to be performed* | | | | *PL= Planning*  *T= Training*  *P= Personnel*  *E= Equipment*  *F= Facilities* | | | | |
| **All Mission Areas** | **P** | **S** | **M** | **U** | **PL** | **T** | **P** | **E** | **F** |
| Planning |  |  |  |  |  |  |  |  |  |
| Public Information & Warning |  |  |  |  |  |  |  |  |  |
| Operational Coordination |  |  |  |  |  |  |  |  |  |
| **Prevention** | | | | | | | | | |
| Forensics and Attribution |  |  |  |  |  |  |  |  |  |
| Intelligence & Information Sharing |  |  |  |  |  |  |  |  |  |
| Interdiction & Disruption |  |  |  |  |  |  |  |  |  |
| Screening, Search, & Detection |  |  |  |  |  |  |  |  |  |
| **Protection** | | | | | | | | | |
| Access Control & Identity Verification |  |  |  |  |  |  |  |  |  |
| Cyber security |  |  |  |  |  |  |  |  |  |
| Intelligence & Information Sharing |  |  |  |  |  |  |  |  |  |
| Interdiction & Disruption |  |  |  |  |  |  |  |  |  |
| Physical Protective Measures |  |  |  |  |  |  |  |  |  |
| Risk Mgmt. for Protection Programs & Activities |  |  |  |  |  |  |  |  |  |
| Screening, Search, and Detection |  |  |  |  |  |  |  |  |  |
| Supply Chain Integrity & Security |  |  |  |  |  |  |  |  |  |
| **Mitigation** | | | | | | | | | |
| Community Resilience |  |  |  |  |  |  |  |  |  |
| Long-term Vulnerability Reduction |  |  |  |  |  |  |  |  |  |
| Risk & Disaster Resilience Assessment |  |  |  |  |  |  |  |  |  |
| Threats & Hazard Identification |  |  |  |  |  |  |  |  |  |
| **Respond** | | | | | | | | | |
| Critical Transportation |  |  |  |  |  |  |  |  |  |
| Environmental Response/Health & Safety |  |  |  |  |  |  |  |  |  |
| Fatality Management Services |  |  |  |  |  |  |  |  |  |
| Fire Suppression and Management |  |  |  |  |  |  |  |  |  |
| Infrastructure Systems |  |  |  |  |  |  |  |  |  |
| Logistics & Supply Chain Management |  |  |  |  |  |  |  |  |  |
| Mass Care Services |  |  |  |  |  |  |  |  |  |
| Mass Search and Rescue Operations |  |  |  |  |  |  |  |  |  |
| On-Scene Security & Protection |  |  |  |  |  |  |  |  |  |
| Operational Communications |  |  |  |  |  |  |  |  |  |
| Public Health & Medical Services |  |  |  |  |  |  |  |  |  |
| Situational Assessment |  |  |  |  |  |  |  |  |  |
| **Recovery** | | | | | | | | | |
| Economic Recovery |  |  |  |  |  |  |  |  |  |
| Health & Social Services |  |  |  |  |  |  |  |  |  |
| Housing |  |  |  |  |  |  |  |  |  |
| Infrastructure Systems |  |  |  |  |  |  |  |  |  |
| Natural & Cultural Resources |  |  |  |  |  |  |  |  |  |

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| **Section 4: Conclusion** | | | |
| **Please list your exercise objectives (as they are written)** | | | |
| Click here to enter text. | | | |
| **LESSONS LEARNED: Share exercise findings as they related to the listed objectives (strengths and areas for improvement)** | | | |
| Click here to enter text. | | | |
| Reporting Party  Name &Title: | Name and Title | Date: | Date |
| OEM Reviewing  Official Name: | Name | Date: | Date |

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| Instructions |
| ***This is not an exercise evaluation form****. This form is used to report exercise and actual events under the Emergency Management Grant Program (EMPG) only. This form cannot be used for reporting under other grant program such as Homeland Security Grant Program (HSGP). An actual signature is not required. This form can be filled and submitted in its original MSWord format.* |
| Section 1 |
| *Jurisdiction:* Name of EMPG funded Jurisdiction (County, Tribe, of City)  *Name of exercise or event:* Name of exercise or brief description of event (i.e. Winter Storm, Hwy 20 Accident, Stokes Fire)  *Beginning and End Date(s) and Time(s) of event.*  *Grant Program:* List all grant programs that this event will be reported under.  *Type of Event:* Check only **one** exercise type. If checking Actual Occurrence or Special Event, you can also check an exercise type if you are requesting EMPG exercise credit for the event.  *Actual Occurrence:* List any local incident number, OERS incident number, and/or Federal DR number that may apply.  *Hazard:* Check primary hazard(s) of exercise or event.  *Number of Participants and Agencies:* **Participants:** Number of participants in each category. Estimate for actual occurrences and special events to include members of the general population. If this is a multi-jurisdictional exercise, only include your own jurisdictions personnel in the Local Participants block. Partnering jurisdictions will include only their own personnel on their own report. **Agencies:** This is the number of agencies, **not** the number of participants from each agency. If you had EM, Fire, City Police, Sheriff’s office, and Public Works participating, you would identify 5 in the Local Agency block. |
| Section 2 |
| *What plan(s) were exercised? (Example: EOP, COOP, COG, etc.)* |
| Section 3 |
| *Check the appropriate Results block for each Core Capability that was exercised and the Corrective Actions block(s) for actions that you intend to correct.* |
| Section 4 |
| *Briefly describe the exercise scenario or the actual event that is being reported.*  *Describe Lessons Learned from the event and any Corrective Actions that you will be taking.*  *Name and title of the person making the report and date of the report. Signature is not required.* |