Participant Feedback Form

*Base responses on Objectives listed in the Exercise Plan and/or other local objectives*

Identify the top 3 strengths discovered during the exercise:

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Identify top 3 areas for improvement discovered during this exercise:

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What additional planning efforts or needs were discovered during this exercise?

What additional community partners should be included in future planning efforts to assist the agency/department/facility in responding to this type of event?

What additional training needs have been identified as a result of participating in this exercise and/or needed to respond to this type of event?

*If you have additional comments after the Hot Wash please submit them electronically to [Name] at [email address] by xx/xx/xx.* ***THANK YOU FOR PARTICIPATING!***

## Contact Information (Optional)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exercise Role: Facilitator/Controller [ ] Evaluator [ ] Player [ ] Observer [ ]