# Oregon Exercise/Actual Occurrence Report

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| **Section 1: Event Overview** | | | | | | | | | | | | |
| **Jurisdiction:** Name of Jurisdiction  **Event Name:** Name of Event  **Begin Date:** Date **Time:** Time  **End Date:** Date **Time:** Time | | | | | | | Identified on TEP: Yes  No  Part of Progressive Exercise Cycle: Yes  No  Amateur Radio Requirement: Yes  No  State Priority: State Priority | | | | | |
| **Grant Program**  Emergency Management Performance Grant  State Homeland Security  Local Emergency Planning Committee  Other: Click here to enter text. | | | **Type of Event**  Actual Occurrence  Special Event  Tabletop Exercise  Drill  Functional  Full-Scale Exercise | | | | | | **Actual Occurrence**  Local Incident #: Insert  OERS #: Insert  Federal DR #: Insert | | | |
| **Hazard** | | | | | | | | | | | | |
| **Natural**  Avalanche  Disease/Pandemic (Human or animal)  Drought  Earthquake  Flood  Landslide/Subsidence  Tsunami – Local Source  Tsunami – Distant Source  Wildfire  Winter Storm  Other:Click here to enter text. | | | **Technological/Man-Made**  Airport  Dam Failure  Hazardous Material (fixed or transportation)  Hospital  Power Failure  Radiological (fixed or transportation)  Structural Fires  Transportation Accident (air, rail, highway, water)  Other:Click here to enter text. | | | | | | **Terrorism Nexus**  Biological  Chemical  Civil Disorder  Cyber  Explosive  Hostage  Nuclear  Radiological  Other: Click here to enter text. | | | |
| **Number of Participants and Agencies** | | | | | | | | | | | | |
|  | **Local** | **State** | | **Federal** | | **NGO** | | **Tribal** | | **Private** | **Volunteer/**  **Public** | **Totals** |
| **Participants:** | # | # | | # | | # | | # | | # | # | # |
| **Agencies:** | # | # | | # | | # | | # | | # | # | # |
| **Section 2: Emergency Support Functions Tested** | | | | | | | | | | | | |
| ESF-1: Transportation  ESF-2: Communications  ESF-3: Public Works  ESF-4: Firefighting  ESF-5: Information & Planning  ESF-6: Mass Care  ESF-7: Resource Support  ESF-8: Health & Medical  ESF-9: Search & Rescue | | | | | ESF-10: Hazardous Materials  ESF-11: Food & Water  ESF-12: Energy  ESF-13: Military Support  ESF-14: Public Information  ESF-15: Volunteers & Donations  ESF-16: Law Enforcement  ESF-17: Agriculture & Animal Protection  ESF-18: Business & Industry | | | | | | | |

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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* | | | | | |
| **Ratings** | | **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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| **Public Health Core Capabilities** | | **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* | | | | | |
| **Ratings** | | **P** | **S** | **M** | **U** | | **PL** | | **T** | **P** | **E** | **F** |
| Community Preparedness | |  |  |  |  | |  | |  |  |  |  |
| Community Recovery | |  |  |  |  | |  | |  |  |  |  |
| Emergency Operations Coordination | |  |  |  |  | |  | |  |  |  |  |
| Emergency Public Information & Warning | |  |  |  |  | |  | |  |  |  |  |
| Fatality Management | |  |  |  |  | |  | |  |  |  |  |
| Information Sharing | |  |  |  |  | |  | |  |  |  |  |
| Mass Care | |  |  |  |  | |  | |  |  |  |  |
| Medical Countermeasure Dispensing | |  |  |  |  | |  | |  |  |  |  |
| Medical Material Management & Distribution | |  |  |  |  | |  | |  |  |  |  |
| Medical Surge | |  |  |  |  | |  | |  |  |  |  |
| Non-Pharmaceutical Interventions | |  |  |  |  | |  | |  |  |  |  |
| Public Health Laboratory Testing | |  |  |  |  | |  | |  |  |  |  |
| Public Health Surveillance & Epi Investigation | |  |  |  |  | |  | |  |  |  |  |
| Responder Safety & Health | |  |  |  |  | |  | |  |  |  |  |
| Volunteer Management | |  |  |  |  | |  | |  |  |  |  |
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| **Section 4: Conclusion** | | | | | | | | | | | | |
| **SCENARIO OR EVENT OVERVIEW:** | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| **LESSONS LEARNED:** | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | |
| Local Official  Name &Title: | Name and Title | | | | | Date: | | Date | | | | |
| OEM Reviewing  Official Name: | Name | | | | | Date: | | Date | | | | |

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| Instructions |
| *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 participating agencies, **not** the number of participants from each agency. E.g. If you had EM, Fire, City Police, Sheriff’s office, and Public Works participating, you would identify 5 in the Local Agency block.  *State Priority FY 17-18:* Operational Coordination, Operational Communications, Public Information & Warning, Planning, Situational Assessment, Mass Care Services, Economic Recovery, Community Resilience  *State Priority FY 18-19:* Operational Communications, Operational Coordination, Public Information & Warning, Community Resilience, Logistics & Supply Chain Management, Mass Care Services, Planning, Situational Assessment, Critical Transportation, Public Health, Healthcare, & Emergency Medical Services |
| Section 2 |
| *This section is optional.* |
| 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 |
| ***Scenario or Event Overview -*** *Describe the exercise scenario or the actual event that is being reported. List exercise objectives. An Executive Summary is helpful.*  ***Lessons Learned –*** *Describe Best Practices and Areas for Improvement.*  *Name and title of the person making the report and date of the report. Signature is not required.* |