



# Connecticut Department of Public Health Notice of Drill or Exercise

<b>This form should be submitted to your PHEP regional administrator/fiduciary for review and submission to DPH</b>					
<b>Today's Date:</b>			<b>Type of Organization:</b>		
<b>Lead Agency/Organization:</b>			<b>Point of Contact Submitting AAR:</b>		
<b>Email Address:</b>			<b>Telephone Number:</b>		
<b>ESF 8 Region(s):</b>	1	2	3	4	5
<b>Exercise Name:</b>					
<b>Is this a joint HPP/PHEP exercise?</b>	YES		NO		
<b>Was this exercise listed in the current Multi-Year Exercise and Training Plan?</b>	YES		NO		
<b>Exercise Type:</b>			<b>Date of Exercise</b>		
<b>Exercise Start Time:</b>			<b>Exercise End Time:</b>		
<b>Location:</b>					
<b>Street Address:</b>					
<b>City/Town:</b>					
<b>Should this exercise be added to the CT DPH calendar?</b>	YES		NO		
<b>List all funding sources being used to support this drill/exercise</b>					
<b>List all agencies/organizations that are participating in this drill/exercise</b>					
<b>What specific plan is being tested during this exercise?</b>					
<b>What are the exercise objectives?</b>					
<b>Is exercise support requested from DPH? If so, describe</b>					