

# Table-Top Exercise Report

## Exercise Details

Exercise Title\*: \_\_\_\_\_

Date\*: \_\_\_\_\_

Start Time\*: \_\_\_\_\_

End Time\*: \_\_\_\_\_

Location\*: \_\_\_\_\_

Scenario Type\*: \_\_\_\_\_  
*Options: Fire, Chemical Spill, Natural Disaster, Security Incident, Medical Emergency, etc.*

Exercise Objectives: \_\_\_\_\_  
\_\_\_\_\_

## Participants

Participant List:

Name	Role / Department

## Evaluation

Strengths Observed: \_\_\_\_\_  
\_\_\_\_\_

Areas for Improvement: \_\_\_\_\_  
\_\_\_\_\_

Immediate Actions Taken: \_\_\_\_\_  
\_\_\_\_\_

Improvement Actions:

Action	Responsible Person	Due Date	Status