**Five Year Distribution – Full Scale Exercise**

Form Approved

OMB Approval No. 0920-xxxx

Expiration Date: xx/xx/xxxx

Distribution FSE, or incident

a. Start date and time

b. End date and time

c. RSS facility setup (yes or no)

i. RSS facility staff participating

ii. RSS security participating

d. Number of sites receiving MCMs (include any RDS/LDS, open PODs, closed PODs, healthcare)

e. Number and type of transportation assets mobilized

f. Backup transportation used (yes or no), if yes, describe inject used to activate back-up transport, or situation requiring use of backup transport during an incident

g. Procedures for cold chain management (yes or no), if yes, describe how cold chain management was exercised or used

h. Security plans were demonstrated in the following distribution phases (select all that apply)

i. Request for federal assets

j. RSS facility estimate of warehouse processing time

k. Total time for distribution (from RSS site to local site)