

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)