

Dispensing Throughput Drill

Form Approved

OMB Approval No. 0920-xxxx

Expiration Date: xx/xx/xxxx

Drill information

- a. Extent of advanced notification (full, partial, none)
- b. Number of facilities set up
- c. Name of facility (per facility)
- d. Type of facility (POD, DVC)
- e. Total number of people or vehicles processed through facility (enter per facility)
- f. Open or closed facility
- g. Walk or Drive through (for PODs)
- h. Traditional/Assisted or Express Dispensing
- i. Delivery method (Oral, vaccine, other)
- j. Target time for set up (in minutes)