

Five-year Dispensing – Full Scale Exercise or Incident

Form Approved

OMB Approval No. 0920-xxxx

Expiration Date: xx/xx/xxxx

Dispensing FSE or incident

- a. Public health responders used to run PODs/DVCs (yes or no)
- b. Staff received initial prophylaxis as part of exercise or incident (yes or no)
- c. SMEs involved (select all that apply)
- d. PODs/DVCs participating in exercise or incident