

# EXIS

Screenshots

Online Exercises & Survey



## Exercises / Industry Collaboration

Information System or EXIS is the Transportation Security Administration's (TSA) premier online tool that guides government and industry users through the exercise planning process and provides resources to design, document, and evaluate exercises for all transportation modes. EXIS empowers security professionals to collaborate and communicate through discussions, shared documents, and critical lessons learned. EXIS is managed by the Intermodal Security Training and Program (I-STEP) and is the only exercise tool specifically tailored to the transportation

[▶ Learn More](#)

EXIS features 100+ transportation security scenario elements.



### Registered Users

User Name

Password

☐ Remember my User Name

Sign In

Don't have an account? [Sign Up](#)


Forgot [user name](#) / [password](#)?



### Help

Have a question or need assistance with EXIS?

View our FAQ or contact us by phone or email.

 Contact our Help Desk at 1-855-447-8392

 Send an Email to the EXIS Help Desk

 Visit the EXIS FAQ section

## Your Login

Choose a Username

Create a Password

Confirm your Password

Choose Security Question #1

Enter your Response to Question #1

Choose Security Question #2

Enter your Response to Question #2

☐ I agree to the EXIS [Terms of Use](#) and [Privacy Policy](#)

REGISTER NOW

### Privacy Act Statement:

AUTHORITY: 49 USC § 114(f)(15); 6 USC §§ 1136(a), 1167, and 1183.

PRINCIPAL PURPOSE(S): This information will be used to grant individuals access to EXIS.

ROUTINE USE(S): This information may be shared in accordance with the Privacy Act of 1974, 5 USC § 552(a), for routine uses identified in the DHS system of records, DHS/ALL-004 General Information Technology Access Account Records System and DHS/ALL 002

DHS Mailing and Other Lists System, or as further described in the Privacy Impact

Assessment, DHS/ALL/PIA-006 DHS General Contact Lists and subsequent updates,

available at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DISCLOSURE: Furnishing this information is voluntary;

however, failure to provide the requested information will prevent TSA from being able to grant an individual's access request to EXIS.

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Official website of the U.S. Department of Homeland Security / Transportation Security Administration

OMB Control Number: 1652-0057

## Participant Feedback Form

### AAR Capability Test Exercise

7/18/2017

Assessment Factor	Strongly Disagree			Strongly Agree		
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
1). The exercise was well structured and organized.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
2). The exercise scenario was plausible and realistic.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
3). Participation in the exercise was appropriate for someone in my position.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
4). The Participants included the right people in terms of level and mix of disciplines.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
5). The exercise was relevant to the risks facing my organization.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
6). The exercise made me aware of new tools and resources that will increase my organization's preparedness.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
7). The exercise afforded me the opportunity to network with federal, state, local, tribal, and industry stakeholders with whom I did not previously have an established relationship.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
8). The exercise was valuable to myself and/or my organization.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
9). I would participate in an I-STEP exercise again.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
10). Of what you learned today, what changes or improvements would you like to implement within your organization?	<hr/> <hr/> <hr/> <hr/>					
11). How do you think the exercise results will assist you in your risk-reduction efforts?	<hr/> <hr/> <hr/> <hr/>					
12). Please comment on any ways future exercises could be improved.	<hr/> <hr/> <hr/> <hr/>					

13). Please enter additional comments or feedback.

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14). Name (Optional):

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15). I would like more information about the I-STEP program. My Email Address is:

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# PAPERWORK REDUCTION ACT BURDEN

This collection of information is voluntary pursuant to Implementing Recommendations of the 9/11 Commission Act of 2007. It is estimated that the time to design and conduct an exercise is approximately 3.5 hours and the time to complete the survey is 0.25 hours. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number assigned to this collection is 1652-0057, which expires 04/30/2022. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to TSA PRA Officer, 6595 Springfield Center Drive, Springfield, VA 20598-6011. ATTN: PRA 1652-0057.