**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)