

EXIS

Screenshots

Online Exercises & Survey



Exercise Properties

ICR Practice

Save and Close Close Next



Exercise Name *

Enter the name of the exercise

Geographic Area *

Organization Being Exercised *

Organization Conducting Exercise *

Reason To Conduct Exercise

Data Classification Level / Marking

Originator *

Purpose and Scope

EXIS Exercise # *

Start Date *

Exercise Type *

Practice?

Days *

Attendance Type

Primary Transportation Mode *

Secondary Transportation Mode(s)

Primary Threat

Secondary Threat(s)

Status *

End Date *

Mission Area *

* Required data will be shown in EXIS Search

Exercise Location(s)

Add New

Primary	Location Name	Group Label	Address	Room	City	State		
No records to display.								

EXERCISE PROPERTIES

Register for Your EXIS Account

All fields are required except where specified

First Name <input type="text"/>	Last Name <input type="text"/>
Country United States	Preferred Transportation Sector <input type="text"/>

Your Employer

<p>I work for a Government Agency:</p> <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Law Enforcement	<p>I work for Private Industry:</p> <input type="checkbox"/> Transportation Owner or Operator <input type="checkbox"/> Emergency Management <input type="checkbox"/> Consultant <input type="checkbox"/> Other - Specify <input type="text"/>
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Your Professional Information

Job Title <input type="text"/>	State <input type="text"/>
City <input type="text"/>	Zip Code <input type="text"/>
Work Phone +1 <input type="text"/>	Extension <input type="text"/>
Mobile Phone (optional) +1 <input type="text"/>	
Work Email <input type="text"/>	Confirm Work Email <input type="text"/>
Alternate Email (optional) <input type="text"/>	
Reason for Needing an EXIS Account ? <input type="text"/>	

Your Login

Choose a Username <input type="text"/>	
Create a Password <input type="text"/>	
Confirm your Password <input type="text"/>	
Choose Security Question #1 <input type="text"/>	Enter your Response to Question #1 <input type="text"/>
Choose Security Question #2 <input type="text"/>	Enter your Response to Question #2 <input type="text"/>

EXIS REGISTRATION

Participant Feedback Form

ICR Practice
Monday, October 21, 2024

ercise was well-structured and organized.

Strongly Agree
 Agree

Disagree
 Strongly Disagree

ercise scenario was plausible and realistic.

Strongly Agree
 Agree

Disagree
 Strongly Disagree

participation in the exercise was appropriate for someone in my position.

Strongly Agree
 Agree

Disagree
 Strongly Disagree

participants included the right people in terms of level and mix of disciplines.

Strongly Agree
 Agree

Disagree
 Strongly Disagree

exercise was relevant to the risks facing my organization.

Strongly Agree
 Agree

Disagree
 Strongly Disagree

exercise afforded me the opportunity to network with federal, state, local, & stakeholders with whom I did not previously have established relationship

Strongly Agree
 Agree

Disagree
 Strongly Disagree

exercise was valuable to myself and/or my organization.

Strongly Agree
 Agree

Disagree
 Strongly Disagree

9. I would participate in an I-STEP exercise again.

Strongly Agree
 Mostly Agree
 Agree
 Mostly Disagree
 Strongly Disagree

10. Of what you learned today, what changes or improvements would you like to implement within your organization?

11. How do you think the exercise results will assist you in your risk-reduction efforts?

12. Please comment on any ways future exercises could be improved.

13. Please enter additional comments or feedback.

14. Name (Optional):

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

Submit

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ICR Practice Number: 10/21/24

PARTICIPANT FEEDBACK FORM

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. 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.

PRIVACY ACT STATEMENT

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 03/31/2025. 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.