

SHIVER ME TIMBERS! LTC/HH/H EARTHQUAKE EXERCISE PARTICIPANT FEEDBACK FORM

Thank you for participating in the Shiver Me Timbers! earthquake exercise. Your observations and insights are a vital part of the exercise evaluation process. Please share your thoughts to the questions shown below:

Department or Unit where I work: _____

Three strengths (things we should continue doing when there is a disaster)

Strength 1:
Strength 2:
Strength 3:

Three areas for improvement (things we could do better when there is a disaster)

Improvement 1:
Improvement 2:
Improvement 3:

Additional comments or observations about the exercise

If you have questions about this exercise please contact the exercise coordinator with your facility:

Exercise Coordinator Name: (list coordinator's name here)

Email: (list email here)