

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Participant Feedback Form

Thank you for participating in this workshop. Your observations, comments, and input are greatly appreciated. The invaluable insights you provide help us to better prepare the Colorado River watershed against petroleum spills. Any comments provided will be treated with discretion and personal information will remain confidential. Please keep comments concise, specific, and constructive.

Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: EAGLE COUNTY OEM

Position/Title: EM

Years of Experience in Present Position: 15

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
<i>LEARN ABOUT DIFFERENT PLAYERS</i>	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
<i>RESOURCE KNOWLEDGE NEEDS IMPROVEMENT</i>	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Garfield County OEM

Position/Title: Emergency Manager

Years of Experience in Present Position: 9

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	④	5
The exercise scenario was plausible and realistic.	1	2	3	4	⑤
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	④	5
Participants were actively involved in the exercise.	1	2	3	4	⑤
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	⑤
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	⑤
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	⑤
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	④	5

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Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
<i>I is good to get all these people together to meet and greet. Having a face with a name.</i>	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
<i>Pictures in the slid show. A more real world example for people to relate too.</i>	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Bureau of Land Management

Position/Title: HAZMAT Program Coordinator

Years of Experience in Present Position: 19

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree		Strongly Agree		
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
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Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
Availability of Local Resources - State, Fed's, Industry	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
Encourage more involvement in LEPC's to state industry	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: _____

Agency/Organization/Company: Glenwood Springs Fire Dept.

Position/Title: Lieutenant

Years of Experience in Present Position: 5

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
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After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: _____

Agency/Organization/Company: BLM

Position/Title: PHYSICAL SCIENTIST, O&G

Years of Experience in Present Position: 1

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree					Strongly Agree				
	1	2	3	4	5	1	2	3	4	5
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.					(5)					
The exercise scenario was plausible and realistic.					(5)					
Exercise participants included the right people in terms of skill sets, experience, and incident roles.					(5)					
Participants were actively involved in the exercise.					(5)					
Exercise participation was appropriate for someone in my field with my level of experience/training.					(5)					
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.					(5)					
The exercise provided the opportunity to address significant decision in support of critical mission areas.					(5)					
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.					(5)					



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
<ul style="list-style-type: none"> GREAT PARTICIPATION AND VARIETY OF RESPONDERS 	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
<ul style="list-style-type: none"> GOOD, QUICK FLOW 	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
<ul style="list-style-type: none"> EXCELLENT FOOD FOR THOUGHT 	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
<ul style="list-style-type: none"> CHEAT SHEET W/ ACRONYMS RECOMMENDED FOR PEOPLE WHO DON'T DEAL W/ EMERGENCY RESPONSE ON A DAILY BASIS 	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
<ul style="list-style-type: none"> LINKS FOR RESOURCES AND CONTACTS 	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
<ul style="list-style-type: none"> RECOGNIZE THE GENERAL PUBLIC /CITIZENS 	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Encanto

Position/Title: ENV. Field Manager

Years of Experience in Present Position: 3

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	(4)	5
The exercise scenario was plausible and realistic.	1	2	3	(4)	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	(4)	5
Participants were actively involved in the exercise.	1	2	3	(4)	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	(4)	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	(4)	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	(4)	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	(4)	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
Communication between all players	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
Oil response techniques for different oil products - "Produced water" - Dissolved hydrocarbons - How to control + treat?	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Glenwood Springs Fire Dept.

Position/Title: Engineer

Years of Experience in Present Position: 10

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
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The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
Lots of different agencies with different views and responsibilities.	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
Finding out what could possibly slow down an incident, for better or worse.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
need some sort of pictures to move the eyes in a different way of describing a situation or explaining it.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Encana

Position/Title: Environmental Consultant

Years of Experience in Present Position: 5

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree				Strongly Agree
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
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The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
Leaders were very experienced & thought of many elements I hadn't considered. Very positive & facilitated open communication	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/>
Interesting to hear the different agencies perspectives. The group as a whole had a lot of knowledge.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
I think I could benefit from greater depth about certain things; there were some acronyms used that I am not familiar with.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Encana

Position/Title: Environmental Specialist (Wyoming)

Years of Experience in Present Position: 3

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

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Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
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Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
Presenters /facilitators are familiar (obviously) and have had experience with incidents similar to the scenario. Thus they brought real world applicability.	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input checked="" type="checkbox"/>
Very observant, caught the times when the observers were in need of clarification and elaboration.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>
—	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
Since open to more industries than railroad, it would be beneficial to make the discussion applicable to that situation as well as the one presented in the exercise	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input checked="" type="checkbox"/>
—	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
—	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Encana

Position/Title: LDAR Tech/EHS Compliance Tech

Years of Experience in Present Position: _____

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree		Strongly Agree		
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
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Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5

COLORADO RIVER AREA PLANNING WORKSHOP
 GARFIELD COUNTY, CO – SEPTEMBER 23, 2015



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
Workshop Outline	Planning <input checked="" type="checkbox"/>
	Organization <input checked="" type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Participant Feedback Form

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: _____

Agency/Organization/Company: OLSSON

Position/Title: SR. PROJECT ENGINEER

Years of Experience in Present Position: 10

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Olsson Associates

Position/Title: Senior Scientist

Years of Experience in Present Position: 10

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree		Strongly Agree		
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Participant Feedback Form

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: BLM

Position/Title: Natural Resource Specialist

Years of Experience in Present Position: 2

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree					Strongly Agree				
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5					
The exercise scenario was plausible and realistic.	1	2	3	4	5					
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5					
Participants were actively involved in the exercise.	1	2	3	4	5					
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5					
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5					
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5					
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5					



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Participant Feedback Form

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: _____

Agency/Organization/Company: COGCC

Position/Title: EPS II

Years of Experience in Present Position: 2 years + 3 years part time in Denver

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree				Strongly Agree
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5

COLORADO RIVER AREA PLANNING WORKSHOP
 GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Training <input type="checkbox"/> Exercise <input checked="" type="checkbox"/>
	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: COGCC

Position/Title: Environmental Protection Specialist

Years of Experience in Present Position: 2

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Participant Feedback Form

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: CSP HM

Position/Title: TROOPER HAZMAT

Years of Experience in Present Position: 9

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
GREAT INFORMATION & GREAT CLASS. GREAT TO HEAR ALL THE DIFFERENT ELEMENTS EACH PERSON CAN CONTRIBUTE.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Exxon

Position/Title: Environmental Consultant

Years of Experience in Present Position: 7

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
The presenters were Very Knowledgeable.	Planning <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
The presenters seemed very open to Open dialogue between groups	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
I would have liked to see more Private Industry people attend.	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: _____

Agency/Organization/Company: Encana

Position/Title: Environmental Specialist

Years of Experience in Present Position: 5

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5

COLORADO RIVER AREA PLANNING WORKSHOP
 GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
Local emergency response experience	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



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Part I: General Information

Please enter your name in the field or check box after the appropriate selection.

Name: _____

Agency/Organization/Company: Enron

Position/Title: Environmental / SPC & FRP

Years of Experience in Present Position: 3

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree					Strongly Agree				
	1	2	3	4	5	1	2	3	4	5
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.				(4)						
The exercise scenario was plausible and realistic.				(4)						
Exercise participants included the right people in terms of skill sets, experience, and incident roles.				4					(5)	
Participants were actively involved in the exercise.				4					(5)	
Exercise participation was appropriate for someone in my field with my level of experience/training.				(4)						
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.				4					(5)	
The exercise provided the opportunity to address significant decision in support of critical mission areas.			(3)							
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.				(4)						

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
exposure to state & local response	Planning <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
very broad - may consider having state, emergency responders & private industry SPECIFIC trainings / discussion	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

COLORADO RIVER AREA PLANNING WORKSHOP
GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Participant Feedback Form

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: _____

Agency/Organization/Company: BVFPD

Position/Title: Captain

Years of Experience in Present Position: 10

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree			Strongly Agree	
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
Put together a list of contact phone numbers for the participating organizations for participants to have upon exit of the exercise	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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Participant Feedback Form

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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: _____

Agency/Organization/Company: Grand Valley Fire

Position/Title: Lieutenant / Haz-mat Tech

Years of Experience in Present Position: 15

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree					Strongly Agree				
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5	1	2	3	4	5

COLORADO RIVER AREA PLANNING WORKSHOP
 GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
Contact lists for agency involved would be nice.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
<i>opened eyes to all, to see full scale involvement</i>	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>
<i>Flowed well.</i>	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
<i>I feel it will make others plan more and plan accordingly.</i>	Planning <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
<i>Few questions or slides were not used. pull/discard.</i>	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>

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GARFIELD COUNTY, CO – SEPTEMBER 28, 2015



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Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name: [REDACTED]

Agency/Organization/Company: Encana Oil & Gas

Position/Title: Admin

Years of Experience in Present Position: 1

Number of Prior Exercises: 0 1-5 6-10 11+

Exercise Role: Player Controller Observer Evaluator

Part II: Exercise Design

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

Assessment Factor	Strongly Disagree Strongly Agree				
The pre-exercise briefing was informative and provided the necessary information for my role in the exercise.	1	2	3	4	5
The exercise scenario was plausible and realistic.	1	2	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	4	5
Participants were actively involved in the exercise.	1	2	3	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations.	1	2	3	4	5
The exercise provided the opportunity to address significant decision in support of critical mission areas.	1	2	3	4	5
After this exercise, I am better prepared to understand the capabilities of other organizations represented and address the hazards presented in the exercise.	1	2	3	4	5



Part III: Participant Feedback

1. I observed the following strengths during this exercise (please select the applicable elements related to the strength):

Strengths	Element
all of the leaders were very knowledgeable about the situation	Planning <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
all of the materials were at our hands concerning the exercise	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input checked="" type="checkbox"/>
All of the questions prompted great discussion that was very informative	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>

2. I observed the following areas for improvement during this exercise (please select the applicable elements related to the area for improvement):

Areas for Improvement	Element
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>