

COLORADO RIVER AREA PLANNING WORKSHOP  
MESA COUNTY, CO – SEPTEMBER 29, 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: \_\_\_\_\_

Agency/Organization/Company: ute water

Position/Title: WTP Superintendent

Years of Experience in Present Position: 20 years in water treatment

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
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)

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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
Coordinators were very organized & knowledgeable Participants shared valuable insights I understand the local, state, and federal response much better.	Planning <input type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
EXcellent!	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"/>

Appreciated the recycling efforts & organic half n' half!  
 😊

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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: U.S. Fish & Wildlife Service

Position/Title: Project Leader

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



Part III: Participant Feedback

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

Strengths	Element
Combined teaching approach was good	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
Longer time for class (8 hrs)	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"/>
Include glossary of acronyms	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"/>

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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: NWD Safety Specialist

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.	<del>1</del>	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>- great scenario + information source</i>	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"/>
<i>- varied agency input</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"/>

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: [REDACTED]

Agency/Organization/Company: Suncor Energy

Position/Title: Emergency Response Coordinator

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.			3							
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
	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> [REDACTED] <input type="checkbox"/> Exercise <input type="checkbox"/>
<i>General Emergency Response Coordinator</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"/>

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>Time management and keeping folks on task</i>	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: U.S. Fish + Wildlife Service

Position/Title: Fish + Wildlife Biologist

Years of Experience in Present Position: 28

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.

*Woops!*

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

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

Strengths	Element
Exercise through discussions and case scenarios, and	Planning <input checked="" type="checkbox"/>
	Organization <input checked="" type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input checked="" type="checkbox"/>
	Exercise <input checked="" type="checkbox"/>
relating experiences was very valuable.	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: [REDACTED]

Agency/Organization/Company: Ute Water Conservancy District

Position/Title: HR/Risk Specialist

Years of Experience in Present Position: 8 months

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
	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
Collaboration Communication Coordination	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: Clifton Water District

Position/Title: WTP Supervisor

Years of Experience in Present Position: 4

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"/>

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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: SUNCOR ENERGY USA

Position/Title: ENV. ENGINEER

Years of Experience in Present Position: 20

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.				4	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.				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.					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
GREAT COLLABORATION... NON-INTIMIDATING FORMAT, FREEDOM TO DISCUSS OPENLY	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"/>

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
A FEW SPECIAL DISCUSSIONS TOOK ADDITIONAL TIME THAT CAUSED A TIME CRUNCH	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: SUNCOF ENERGY

Position/Title: TERMINAL MANAGER

Years of Experience in Present Position: 20

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
	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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MESA COUNTY, CO – SEPTEMBER 29, 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: Mesa County Emergency Management

Position/Title: Emergency Manager

Years of Experience in Present Position: 6

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.	<del>1</del>	2	3	4	5
The exercise scenario was plausible and realistic.	1	<del>2</del>	3	4	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	<del>1</del>	2	3	4	5
Participants were actively involved in the exercise.	<del>1</del>	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"/>

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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: Union Pacific

Position/Title: Hazmat Mgr.

Years of Experience in Present Position: -2 year, 5+ years Hazmat

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
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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

COLORADO RIVER AREA PLANNING WORKSHOP  
MESA COUNTY, CO – SEPTEMBER 29, 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
Applicable Laws & Agencies	Planning <input checked="" 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
Maybe a Dept. of Ag. for Landuse issues.	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  
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**Part I: General Information**

Please [redacted] for check box after the appropriate selection.

Name: [redacted]

Agency/Organization/Company: GRAND JUNCTION FIRE

Position/Title: CAPTAIN

Years of Experience in Present Position: 15 yrs

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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COLORADO RIVER AREA PLANNING WORKSHOP  
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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>Good plans, Good Communication</i>	Planning <input checked="" 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>Area training, work with other departments</i>	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input type="checkbox"/>
<i>NO STOCK of materials</i>	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
<i>Resources and Help ARE 4 to 6 hours away, WE NEED to have our ducks IN a row.</i>	Planning <input type="checkbox"/> Organization <input checked="" 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: GSFD

Position/Title: FF/EMT-P HAZMAT 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
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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
Nice to hear from other phases/groups that I was unfamiliar with.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
Great Networking -	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
Very informative	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
would be better for someone higher ranking than myself.	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
would have liked to have a Law enforcement agency present.	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"/>