

COLORADO RIVER AREA PLANNING WORKSHOP
IGNACIO, CO – JUNE 15, 2016



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: FEMA

Position/Title: Tribal Affairs Specialist

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	

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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
This exercise made discussing and participating very "Participative." It was very open and relatively informal. I find this made the environment comfortable for everyone.	Planning <input type="checkbox"/>
	Organization <input checked="" type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
The materials and equipment were appropriate for new and experienced practitioners. Easy to follow.	Planning <input type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input checked="" type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
Back to strength #1, the participative climate made for an interactive setting.	Planning <input type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input checked="" 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: FEMA

Position/Title: Tribal Liaison

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

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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
This workshop was great. It allowed for good conversation and was realistic and informational	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
	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: Yankton Sioux Tribe

Position/Title: Environmental Director. / E. Manager

Years of Experience in Present Position: 8 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
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
Well established protocol	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
Understanding THPD's	Planning <input checked="" type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
Treaty Rights	Planning <input checked="" type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
Initial contact info - for Tribes (Suggest using EPA) they have contact info.	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: Spirit Lake Tribe

Position/Title: Environmental Director

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	
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Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	4	5
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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: [REDACTED]

Agency/Organization/Company: Standing Rock Sioux Tribe

Position/Title: Director - Tribal Hazard Mitigation Officer

Years of Experience in Present Position: 5 years

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

Exercise Role: ☒ Player ☐ Controller ☐ Observer ☐ Evaluator

Part II: Exercise Design

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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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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 Mtn. Ute Tribe

Position/Title: Environmental Programs Director

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.

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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
Qualified people in attendance	Planning <input type="checkbox"/>
	Organization <input checked="" type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
Very informative discussion and some good take-home info.	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
Not really an exercise, more of a discussion	Planning <input checked="" type="checkbox"/>
	Organization <input type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
	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"/>

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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: Sisseton Wahpeton Ojate

Position/Title: DEP Office Manager / Environmental Spec.

Years of Experience in Present Position: 10 mo.

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
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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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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 am new to to this field and am very impressed w/everyone	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"/>

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
None that I could see	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: Sisseton Wahpeton Oyate

Position/Title: Environmental Specialist

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

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Assessment Factor	Strongly Disagree			Strongly Agree	
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The exercise scenario was plausible and realistic.	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
Presentation was very organized and well thought out.	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
	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: Crow Tribe Environmental Protection

Position/Title: Environmental Director

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

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

Strengths	Element
Brought up a lot of items I need to ask about for our planning	Planning <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
IOS system	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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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: Roschid Sioux Tribe

Position/Title: Director

Years of Experience in Present Position: 5 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
	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: Yankton Sioux Tribe

Position/Title: 184 Water Quality Coordinator

Years of Experience in Present Position: 1 year

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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Part I: General Information

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

Name: [REDACTED]

Agency/Organization/Company: Fort Belknap Indian Community

Position/Title: Brownfields Tech

Years of Experience in Present Position: 3 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
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
<i>Initial Response</i>	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/>
<i>Incident Mgmt</i>	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
<i>Public Health Issues</i>	Planning <input checked="" 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: Confederated Salish & Kootenai Tribes

Position/Title: Environmental Director

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.	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
Presentors were very knowledgeable in there roles	Planning <input type="checkbox"/> Organization <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input checked="" type="checkbox"/> Exercise <input checked="" type="checkbox"/>
Participants engaged in dialog with presentors.	Planning <input type="checkbox"/> Organization <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Exercise <input type="checkbox"/>
I have a better understanding about IC and the role of The Environmental Director.	Planning <input 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"/>

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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: Southern Ute Indian Tribe

Position/Title: Environmental Programs Division Head

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	<u>4</u>	5
The exercise scenario was plausible and realistic.	1	2	3	<u>4</u>	5
Exercise participants included the right people in terms of skill sets, experience, and incident roles.	1	2	3	<u>4</u>	5
Participants were actively involved in the exercise.	1	2	<u>3</u>	4	5
Exercise participation was appropriate for someone in my field with my level of experience/training.	1	2	3	<u>4</u>	5
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	<u>3</u>	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	<u>5</u>

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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>Excellent presentation, demonstrated knowledge, skills and abilities in field.</i>	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"/>
	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: Northern Cheyenne

Position/Title: Director of Environmental & Natural Resources

Years of Experience in Present Position: 7 years

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 organization of the items presented helped me in seeing how incident command is set up.	Planning <input type="checkbox"/>
	Organization <input checked="" type="checkbox"/>
	Equipment <input type="checkbox"/>
	Training <input type="checkbox"/>
	Exercise <input type="checkbox"/>
Not all tribes have oil/gas development - maybe use fire/flood as an alternative incident-	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"/>

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 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 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 checked="" type="checkbox"/>