

EOCMT FORM 7 - EXIT SURVEY

**EOC MANAGEMENT
TEAM System
Evaluation**

The information collected in this survey will be used during the after action review process to identify opportunities to strengthen the overall EOC MANAGEMENT TEAM Plan. Please complete this form and return it to your requesting EOC MANAGEMENT TEAM Coordinator and leave a copy with your assignment supervisor prior to departure.

Assignment Information:

Incident Name:

Assignment Location (EOC, DOC, Command Post, Field, etc.):

Position/Task:

Shift (Day / Night):

Assignment Dates:

Number of Shifts (In days, do not include travel):

A. Mobilization Process:

- Alert Notification **Excellent** **Good** **Poor**
- Recruitment **Excellent** **Good** **Poor**
- Assignment Briefing **Excellent** **Good** **Poor**
- Comments (Attach an additional page if necessary):

B. Assignment Support:

- Travel Arrangements **Excellent** **Good** **Poor**
- DOC/EOC In-processing **Excellent** **Good** **Poor**
- Deployment Support Kit **Excellent** **Good** **Poor** **N/A**
- SOPs/Forms **Excellent** **Good** **Poor**
- Comments (Attach an additional page if necessary):

C. Demobilization Process:

- EOC Out-processing **Excellent** **Good** **Poor**
- Personal Expense Reimbursement **Excellent** **Good** **Poor**
- Post-Assignment Debriefing **Excellent** **Good** **Poor**
- Overall Experience **Excellent** **Good** **Poor**
- Comments (Attach an additional page if necessary):

D. General Comments/Suggestions