

APPENDIX B: TABLETOP EXERCISE APPLICATION

Project Period January 1, 2004 – December 31, 2004

HOSPITAL NAME _____

Tabletop Exercise Liaison Information:

Name: _____
 Title: _____
 Telephone: _____
 Facsimile: _____
 E-mail address: _____

Are you the hospital's Bioterrorism Coordinator? ___ Yes ___ No
 If no, describe how your hospital's Bioterrorism Coordinator will be included in the planning and implementation of the tabletop drill.

Provide the title and department affiliation of 10-15 staff you are planning to have on the project team for the tabletop exercise

	TITLE	DEPARTMENT
1		
2		
3		
4		
5		
6		
7		
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11		
12		
13		
14		
15		

Have you attached the bioterrorism section of your hospital's emergency response plan?
 Yes _____ No _____

When was the bioterrorism section of your hospitals emergency response plan last updated?
 ___/___/___
 month year

Have you conducted a bioterrorism drill in the past two years? Yes ___ No ___

If yes, please attach **no more than a one page description** of the drill, including date of drill, overview of the types of staff who participated, a description of drill, and key lessons learned.

If you have not conducted a bioterrorism drill, please describe any other drills your hospital has conducted that highlight your ability to engage key hospital representatives in a field exercise or

tabletop scenario below:
