# Participant Feedback Form

Each exercise participant is required to complete the feedback form. All forms will be gathered by the facility controller and the information obtained will be used in creating a facility based After Action Report.

Name (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Recommendations and Corrective Actions**

1. Based on your facility actions and your opinions (not the results of the hot wash), list **the top three strengths** you identified.

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1. Based on your facility actions and your opinions (not the results of the hot wash), list the **top areas you identified that need improvement.**

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The information you provide in this document will be used to inform the After-Action Report and After-Action Conference.

##### Overall exercise rating:

* Excellent
* Above average
* Average
* Fair
* Poor

Please provide any recommendations on how this exercise or future exercises could be improved and/or enhanced.