

## COMU Exercise/Event Review



This document will be reviewed by the SWIC to evaluate if this exercise/event contains sufficient tasks for a COMU Position Task Book (PTB) training opportunity.

EXERCISE INFORMATION				
Exercise name				
Location/Region				
Date(s)/Time of Exercise				
Lead Agency				
Point of Contact				
POC Phone/Email				
Supporting agencies				

Anticipated PTE	3 Task Sign-of	f opportunities for:	(Check all that apply)
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□ COML □ COMT □ INCM □INTD □ RADO □ AUXC	-	-			
				RADO	□ AUXC

CHEC	CKLIST	COMMENT
	Is there a communications component of the exercise?	
	Is a COMU Work Group Member assisting with exercise planning? If yes, please identify in narrative.	
	Is this exercise HSEEP - Compliant? (not required for COMU approval)	
	Is this a grant funded exercise? (not required for COMU approval)	
	Number of sites (venues) for this exercise/event	
	Will Mobile Communications Platforms be used? How many?	
	Is there a reasonable expectation that numerous PTB tasks can be completed?	
	Anticipated number of total exercise/event participants	

Briefly describe the overall exercise/event. Please describe in detail the communications component and the expectations/duties of the COMU personnel during this exercise/event. Use additional space if required.

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed form to: Department of Military Affairs/Office of Emergency Communications at <u>Interop@Wisconsin.gov</u>

OEC COMU Form 3