**Name of Organization**

**Disaster Recovery**

**Initial Planning Meeting (IPM) Minutes**

December 2021

**Disaster Recovery**

**Initial Planning Meeting (IPM) Minutes**

[Meeting Date]

**Date and Location.** The Disaster Recovery Tabletop Exercise Initial Planning Meeting (IPM) was held on [Date], at [Location] in [City, Town, County], [State]. Attendees included representatives from the following:

* [List Participating Agencies/organizational Personnel]

**Purpose.** The purpose of the IPM was to introduce the exercise concept, including local design objectives, scenario elements, participants, and exercise methodology, and to discuss exercise support requirements. These minutes provide an overview of the meeting and decisions made.

**Overview of Activities**

**General.** The Exercise Planning Team provided a more in-depth review of this exercise as it specifically relates to this tabletop exercise. This included a discussion of the overarching and exercise-specific objectives, as well as a discussion of scenario elements, and selection of potential venues. This IPM was designed to provide the opportunity for exercise planners to address the following:

* Familiarization and design of the tabletop exercise.
* Discussion of exercise objectives
* Discussion and selection of scenario variables and venue
* Selection of dates for the Final Planning Meeting (FPM) and exercise
* Selection of exercise participants and exercise evaluators

**Exercise Overview.** Disaster Recovery Tabletop Exercise will be a [Exercise Duration]-hour event.

**Exercise Scenario.** [Scenario Description]

**Exercise Design**

Subsequent discussion of the design objectives, scenario elements, exercise participants, and exercise dates resulted in the following decisions.

**Purpose.** The purpose of the exercise will be to assess [Organization Name] leaderships ability to respond to a nearby disaster that affects operations.

**Objectives.** The Exercise Planning Team identified the following draft objectives:

1. **Incident Assessment and Notification** – leadership’s ability to process and disseminate accurate information regarding the nature and extent of the hazard, any cascading effects, and the status of the response while providing this information with staff and first responders in a timely and direct manner.
2. **Population/Critical Systems Protective Actions** – demonstrate, in accordance with applicable plans, policies, and procedures, the capability of organizational leadership to develop an action plan and safely implement protective actions to protect staff and essential infrastructure/commodities during and post disaster.
3. **Disaster Recovery** – demonstrate leaderships’ ability in decision making for the resumption of organization activities in a timely, efficient and sustainable manner.

**Exercise Location:** [Venue Name and Address].

**Exercise Time:** [Time].

**Scheduling.** The following dates were scheduled:

* **Final Planning Meeting (FPM):** [Date], [Time], [Venue]
* **Primary Date for Exercise:** [Date], [Time], [Venue]
* **Secondary Date for Exercise:** [Date], [Time], [Venue]

**Additional IPM Notes**

[Insert Here].

**Outstanding Action Items**

The following actions remain open:

|  |  |  |
| --- | --- | --- |
| **Exercise Planning Team Action Items** | **Due** | **Person Responsible** |
| Provide relevant organizational plans and policies to Exercise Planning Team |  |  |
| Review and Update Situation Manual (SitMan)  |  |  |
| Update the Disaster Recovery PowerPoint presentation to reflect the mall being exercised |  |  |
| Identify 2-4 local evaluators and invite them |  |  |
| Confirm participant list and send invitations |  |  |
| Determine logistical requirements for exercise (AV equipment, seating, signage, refreshments, etc.) |  |  |
| Update Exercise Evaluation Tool as necessary |  |  |
| Develop IPM minutes for Exercise Planning Team review |  |  |

**Points of Contact**

**Lead Exercise Planner:**

[Contact Information]

**Exercise Design Team Members:**

[Contact Information]

[Contact Information]

[Contact Information]

[Contact Information]

[Contact Information]

[Contact Information]

**Exercise Facilitator:**

[Contact Information]