



## Alternate Site Familiarization Program

*This form is used to provide an overview of important points to consider as you conduct business from the Emergency Relocation Site (ERS). Information regarding your experiences today should be entered on the Data Collection Form. Your input will be used to evaluate training, systems, and the overall readiness of the site.*

The overall objective of a COOP TT&E Program is to develop, implement, and institutionalize a comprehensive, all-hazard program to improve the ability of agencies to effectively manage and execute their COOP plans. The Alternate Site Familiarization Program has been developed to ensure agency personnel are sufficiently trained to carry out agency minimum essential operations and functions when deployed at a COOP site or working in a COOP environment; to ensure that backup data and records required to support essential functions at the alternate facility are sufficient, complete and current; and to test and validate equipment to ensure both internal and external interoperability.

**Tour of Duty:** Work hours at the alternate facility will be from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. This will allow for travel time to the ERS.

**Dress Code:** The ERS is located at \_\_\_\_\_. Dress should be \_\_\_\_\_. Observe applicable rules of conduct while at the ERS.

**Transportation:** Either public transportation or personally owned vehicle are acceptable modes. Reimbursement will be made in accordance with \_\_\_\_\_. *In actual emergency relocation situations, it is anticipated that \_\_\_\_\_.*

**Work Location and Other Information:** In accordance with the COOP Plan.

While at the alternate site, take time to re-familiarize yourself with the COOP Plan.

Work as you would at your normal work location, unless instructed to do otherwise by your supervisor. Make a point of accessing e-mail and vital records and use the phones and fax machines. Carefully note any deficiencies in supplies, systems, and training.

Ask questions and seek opportunities to learn.

## Data Collection Form

*This form is used to gather data about your experience working from the Emergency Relocation Site (ERS). It will be used to evaluate training, systems, and the overall readiness of the site. Please be as thorough as possible in making comments and suggestions. Please emphasize those areas requiring improvement.*

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Last Date You Worked at the ERS: \_\_\_\_\_

1. Were you able to get to the ERS without difficulty?

Yes       No

**Comments:**

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2. Are you familiar with the COOP plan and your responsibilities?

Yes       No

**Comments:**

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3. Were you able to access your vital records at the ERS?

Yes       No

**Comments:**

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4. Were you able to communicate from the ERS to conduct normal functions?

Yes       No

**Comments:**

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5. What additional supplies or support would you like to see at the ERS?

*Comments:*

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6. What additional information do you feel would be helpful to improving the readiness of the ERS?

*Comments:*

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