Oregon ARES Exercise Evaluation Form

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		District:	Cou	inty:				
ARES Unit N	lame:			URL:				
Exercise Na	me:			Dates(s):				
Exercise Evaluation POC								
Name:					Call:			
Phone 1:		LL Cel	Phone 2:				LL Cel	
Email 1:			Email 2:					
Exercise Task Evaluation								
Objective Number:	Objective Description:							
Number.								
Task ID:	Task Description:							
Task Condition(s):								
Task Standard(s) ¹ :						Standard(s):		
						Exceeded		
						Met		
Observations (Markey)						Not Met		
Observations/Notes:								
E SE E								
Recommendations (Optional):								
		Signature/Date:						

¹ Describe or cite by reference.