



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 PTB Task Sign-off opportunities for: (Check all that apply)

- COML
 COMT
 INCM
 INTD
 RADO
 AUXC

CHECKLIST	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 Interop@Wisconsin.gov