EMD-065 (07/2014)
MICHIGAN STATE POLICE
Emergency Management and Homeland Security Division

QUARTERLY TRAINING AND EXERCISE REPORTING WORKSHEET

AUTHORITY: 1976 PA 390, as amended, MCL 30.407a **COMPLIANCE:** Voluntary

DIRECTIONS

1. Fill out information for each training and exercise that took place during the selected quarter.
2. Submit completed Quarterly Training and Exercise Reporting Worksheet per work agreement.

QUARTER: ☐ **1st** ☐ **2nd** ☐ **3rd** ☐ **4th** **Start Date:** **End Date:**

I. Emergency Management Program Information		
Local Emergency Management (EM) Program Name		
Local EM Contact Name	Local EM Contact Telephone Number	Local EM Contact E-mail

II. Training Reporting	ADD ROW	REMOVE ROW
Name of Training	Total Number of Personnel Trained	Number of EMPG Funded Personnel Trained
Number of Personnel from EMPG Funded Programs Trained	Training Aligned to Multi-Year Training and Exercise Plan?	Grant Type

If no training took place during the indicated quarter, check the following box: ☐

Complete the following section for EMPG funded local EM contact listed above. Indicate the date(s) of completion for required training.

If training requirements were previously submitted, check the following box: ☐

Independent Study	Name of Training	Date Completed
IS-100.b	Introduction to Incident Command System	
IS-200.b	ICS for Single Resources and Initial Action Incidents	
IS-700.a	National Incident Management System, an Introduction	
IS-800.b	National Response Framework, an Introduction	
IS-139	Exercise Design	
IS-230.a	Fundamentals of Emergency Management	
IS-235.a	Emergency Planning	
IS-240.a	Leadership and Influence	
IS-241.a	Decision Making and Problem Solving	
IS-242.a	Effective Communication	
IS-244.a	Developing and Managing Volunteers	

III. Exercise Reporting	ADD ROW	REMOVE ROW			
Region	Jurisdiction	NEXS ID	Exercise Date	Exercise Type	Hazard Type
Number of Participants	Number of EMPG Participants	Grant Type / Grant Year	Non-Grant Funded	Multi-Jurisdictional	Aligned with EOP

If no exercises took place during the indicated quarter, check the following box: ☐