

The following Information is required to support requests from Industry for SCES participation in industrial training. Provide information as appropriate for your exercise and return completed form to emergencymanagement@strathcona.ca. For clarification or information, call 780-410-8550.

1. Company Name _____
2. Main Contact Name _____
3. Phone _____ Email _____
4. Alternate Contact Name _____
5. Phone _____ Email _____
6. Type of Training Full Scale Tabletop Other: _____
7. Date of Training _____
8. Start time _____ Location _____
Anticipated duration of Training Full Day ½ day Other: _____
9. Overview of Exercise:

10. Participation Requested. Place an "X" beside each category that would apply.

- Incident Management Team
- Emergency Operation Center
- Field Observers
- 9-1-1 Call Simulation
- Operational Involvement (provide details)

Note: Operational involvement is dependent on operational availability

- Other (provide details):