

## **ISU PUBLIC SAFETY**

## **Training or Exercise Request Form**

(Electronic Form)

Location/Building Name		Building Number
Requestor's Name	Email	Phone Number
Is this training or exercise for a spe	cific department, team/unit, or	entire building? Please Specify:
What is the approximate date for th	e training/exercise completion	
Approximate # of participants		
<ul> <li>Simulating an emer</li> <li>Physically practice</li> <li>Gain hands-on experience</li> <li>Practice a shelter-in</li> </ul>	rcises are, but not limited to: atter expert train your team rgency/disaster event a task or procedure erience for a possible situation n-place, evacuation, and/or locke	
What are your expectations and go	als for this training or exercise?	Write your response below

Created Date 07/28/2022 Revised Date 08/08/2022



Return all completed drill forms to Public Safety or email them to pubsafe@isu.edu

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