



APPENDIX H
NOTICE OF PLANNED EXERCISE

Per OPD F-6, "Planned Emergency Exercises", the Emergency Exercise Coordinator will provide the following information to the NB 9-1-1 Bureau at least one week in advance.

DO NOT PROCEED WITH EXERCISE WITHOUT PRIOR AUTHORIZATION FROM THE APPROPRIATE PSAP.

Synopsis of Exercise:

Name of Agency _____

Agency contact name: _____

Agency contact telephone number: _____

Emergency exercise coordinator: _____

Emergency exercise coordinator telephone: _____

Contact telephone number during exercise: _____

Date and time of exercise: _____

Location of exercise: _____

Person placing call: _____

Nature of exercise: _____

Participating ESPs:	Date Contacted:	Contacted By:
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Details of Exercise:

Will the PSAP (911) be contacted? _____

Is notification and/or dispatch of ESPs
(Emergency Service Providers) required? _____

If dispatch of ESPs is required confirm that
notification has been provided to them, along
with any special instructions. _____

If dispatched, will further monitoring and/or
communications be required? _____

Are there any other details the PSAP should be aware of?

Received by: _____ Date: _____

PSAP Notified by: _____ Date: _____

Note: The PSAP has ultimate authority to cancel exercise if operational conditions do not allow.

Please forward the completed form to the NB 9-1-1 Bureau at least 7 days in advance.

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