Unit Name and Number

File Number (Originator)

Date

Dist List

OPO EX "EXERCISE NAME”

Refs: List any applicable references here

Time Zone Throughout: LOCAL

**SITUATION**

1. Write a short paragraph here as to **why** the training is taking place.

**MISSION**

2. Write one concise sentence as to **what** training will take place, **where** and **when**.

**EXECUTION**

3. General Outline

a. Exercise will be conducted in 3 phases:

(1) Phase 1:

(2) Phase 2:

(3) Phase 3:

4. Groups & Tasks

a. List who/group

(1). list what tasks they are responsible for;

(2). more tasks, use as many subparagraphs as required;

b. List who/group

(1). list what tasks they are responsible for;

(2). more tasks, use as many subparagraphs as required

c. List more groups and tasks as required.

5. Coordinating Instructions

1. Timings. Training schedule is attached at Annex \_\_.
2. Routes. List any routes used as appropriate.
3. RVs. List any RV points as required.

**SERVICE SUPPORT**

6. Service support will consist of rations, transport and equipment etc as detailed below. Choose the headings appropriate to the nature of your exercise and fill in all of the necessary detail to provide a complete picture of your support requirments.

a. Rations and Feeding.

1. Transport.
2. Exercise Stores. – a list of equipment required for the exercise is attached at Annex \_\_.
3. Dress and Equipment.– a list of personal equipment required is attached at Annex \_\_.
4. Safety.
5. Emergency Procedures.
6. Medical/Emergency Facilities.
7. Environmental Protection.
8. Accommodations.
9. Water.
10. POL.
11. Fire Regulations.
12. Fire Fighting.
13. Smoking.
14. Visitors.
15. Medications.
16. Restricted Areas.
17. Hygiene.

s. Miscellaneous.

**COMMAND & SIGNALS**

7. Command:

a. OIC of Ex is \_\_\_\_\_\_\_\_\_\_\_ Phone:

b. Exercise Chain of Command is as follows:

 Name Position Phone

Name Position Phone

1. HQ is located \_\_\_\_\_\_\_\_\_\_\_.
	1. Signals:
2. Exercise communications will be via \_\_\_\_\_\_\_\_\_\_\_\_.

Provide further detail on frequencies, channels used etc.

1. Call signs / Contact Numbers are as follows:

Provide detail here as required

1. Emergency Numbers to be used:

Provide detail here as required

U.R. Name

Rank

Position

Phone Number

Annex(es)

Annex \_\_ – as required

Annex \_\_ – as required

(More Annexes as deemed necessary)

Dist List

CO

Admin O

Sup O

Others – as required

File