

**PERSONNEL ACCOUNTABILITY EXERCISE EVALUATION FORM**

1. Bureau/Independent Office (B/IO)	2. Exercise Start Date	3. Exercise Start Time	
4. Evaluator's Name	5. Exercise End Date	6. Exercise End Time	
7. Total Number of Responses Received	8. Total Number of Staff Contacted	9. Response Rate (%)	10. Method of Notification

CONTACT LIST		RESPONSE			
	NAME	YES	NO	TIME RECEIVED	NOTES
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CONTACT LIST		RESPONSE			
NAME		YES	NO	TIME RECEIVED	NOTES
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