



## Self-Assessment Tool / After Action Report

Name of Facility: \_\_\_\_\_

Name/Title of Person Completing Report: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### Drills/Exercises or Incident Response

- Fire                       Power Outage                       Evacuation                       Flood  
 Lockdown                       Extreme Weather                       Other: \_\_\_\_\_

**Participation:** *Provide a list of individuals and agencies participating in the event:*

**Timeline of events:** *Provide description of events and activities:*

**Lessons learned:** *Provide an overview of lessons learned related to personnel, training, coordination, logistics, etc.:*

**Discussion and recommendations:** *Provide any recommendations for improvements or changes to the emergency plan and procedures and how they can be addressed*