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