**[Insert Facility Name]
for**

**[Insert Incident Name]**

[Insert Incident Date]

**After Action Report
and
Improvement Plan**[Insert Publication Date]

*[Plain text in brackets should be replaced with information provided by the agency completing this document with the brackets removed. Red italicized font in brackets should be deleted upon completion of this document.]*

 *Disclaimer: This document is a general outline of information used in an After Action Report.
Accurate and complete incident documentation is the responsibility of the facility.*

[Insert Agency Logo Here]

Administrative Handling Instructions

1. The title of this document is the [Insert Document Title] After Action Report (AAR) and Improvement Plan (IP).
2. The information gathered in this document is classified as For Official Use Only (FOUO) and should be handled as sensitive information not to be disclosed. This document should be safeguarded, handled, transmitted, and stored in accordance with appropriate security directives. Reproduction of this document, in whole or in part, without prior approval from [Insert Agency Name] is prohibited.
3. At a minimum, the attached materials will be disseminated only on a need-to-know basis and when unattended, will be stored securely in an area offering sufficient protection against theft, compromise, inadvertent access, and unauthorized disclosure.
4. Point of Contact:

**[Insert Full Name]**
[Insert Job Title]
[Insert Facility Name]
[Insert Address]
[Insert Phone Number]
[Insert Email]

Incident Summary

The purpose of this report is to analyze the results of the incident that occurred affecting [Insert Facility Name], identify strengths to be maintained and built upon, identify potential areas for further improvement, and support development of corrective actions. *[Provide a brief overview discussing what occurred during the incident and identify any observations or capabilities and activities that took place during response efforts.]*

Incident Details

Incident Name: [Insert name of incident, which should match the name on the title page]

Incident Date: [Insert the month, day and year of the incident]

Type of Incident: [Example: Flood, fire, evacuation, outbreak, communicable disease, etc.]

Location: [Identify where the incident took place]

Duration: [Insert the total length of the incident, in days or hours, as appropriate]

# Participating Organizations

The following agencies and community partners filled a role during the incident response: [*List the organizations or agencies that participated during the incident response including any Federal, State, non-governmental organizations (NGOs), local agencies, and other support agencies as applicable.*]

* [Enter agency name]
* [Enter agency name]
* [Enter agency name]
* [Enter agency name]
* [Enter agency name]
* [Enter additional agency names as needed.]

Major Strengths

The major strengths identified during this incident are as follows:

* [Insert first major strength]
* [Insert second major strength]
* [Insert third major strength]

Primary Areas for Improvement
Throughout the incident, opportunities for improvement in [Insert Agency Name]’s ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

* [Insert first area for improvement]
	+ **Recommendation**:
* [Insert second area for improvement]
	+ **Recommendation**:
* [Insert third area for improvement]
	+ **Recommendation**:

# **After-Action Meeting**

An After-Action Meeting should be held within 10 days of the conclusion of the incident to gather feedback and identify corrective actions to include on the Improvement Plan (IP). An After-Action Meeting was held on [Insert the month, day and year of the meeting].

Conclusion
[*This section concludes the entire document and provides an overall summary of the AAR. The conclusion can be brief in summary and should include the lessons learned, major recommendations, and a description of what steps should be taken to ensure that the concluding results will help to further refine plans, policies, procedures, and training for response to this type of incident.*]

# **Improvement Plan**

This IP has been developed specifically for [Insert Agency Name] as a result of [Insert incident name] that occurred on [date of incident]. These key recommendations and corrective actions draw on information from the incident hotwash, follow-up meetings, and the After Action Report. [*Insert additional rows on the chart as needed*]

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| --- | --- | --- | --- | --- |
| **Improvement Item** | **Corrective Action** | **Dept./Person Assigned** | **Goal Date to Complete** | **Date Completed** |
| *[Key staff was not included on the call-down list and they missed important communications during the initial response to the incident.]* | *[Update call-down list to include key staff to be alerted during an incident]* | *[John Doe]* | *[12/1/2017]* | *[11/30/17]* |
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# **Acronym List**

[*Complete the chart below by filling in an alphabetized list of any additional acronyms added to and utilized throughout this document. See the examples below]*

|  |  |
| --- | --- |
| [AAR/IP] | [After Action Report and Improvement Plan] |
| [EOC] | [Emergency Operations Center] |
| [FOUO] | [For Official Use Only] |
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