AFTER ACTION/CORRECTIVE ACTION REPORT

for response to _____
(Fill in name of event)

(This AA/CA Report template can be used for a declared or non-declared event, training, exercise, and/or planned event).

GENERAL INFORMATION

Name of Agency	Text goes in text boxes below
Name of Agency	
Type of Agency* * City, County, Operational Area (OA), State agency (State), Federal agency (Fed), special district, Tribal Nation Government, UASI City, non-governmental or volunteer organization, other (Select one)	
OES Admin Region (Coastal, Inland, or Southern)	
Completed by	
Position	
Phone number and email address	
Dates and Duration of event (When your agency began and ended response activities - using mm/dd/yyyy)	
Date report completed	
Type of event* *Table top, functional, full scale, actual event, pre-identified planned event, training, class room training (Select one and enter the name of exercise or event)	

Hazard or Exercise Scenario* *Avalanche, Civil Disorder, Dam Failure, Drought, Earthquake, Fire (structural), Fire (Woodland), Flood, Landslide, Mudslide, Terrorism, Tsunami, Winter Storm, Other	
EXERCISE/TRAINING OVERVIEW	
Mission Brief overview of the event, major strengths demonstrated during the exercise, areas that require improvement.	
Event Overview Describe the specific details of the exercise, how event or exercise was structured, how was event or exercise carried out.	
Hazard or Exercise Scenario* *Avalanche, Civil Disorder, Dam Failure, Drought, Earthquake, Fire (structural), Fire (Woodland), Flood, Landslide, Mudslide, Terrorism, Tsunami, Winter Storm, Other	
Total Participants	
Number of agencies involved	
Lead/Host Agency	

SEMS/NIMS FUNCTION EVALUATION

MANAGEMENT (Public information, Safety, Liaison, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:

Planning	
Training	
Personnel	
Equipment	
Facilities	

FIELD COMMAND (Use for assessment of field operations, if applicable)

Field Command Type (i.e. Fire, Law Enforcement, Shelter, etc.):

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

OPERATIONS (Law enforcement, fire/rescue, medical/health, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	

Personnel	
Equipment	
Facilities	

PLANNING/INTELLIGENCE (Situation analysis, documentation, GIS, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

LOGISTICS (Services, support, facilities, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

FINANCE/ADMINISTRATION (Purchasing, cost unit, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

AFTER ACTION REPORT QUESTIONNAIRE
(The responses to these questions can be used for additional SEMS/NIMS evaluation)

Response/Performance Assessment Questions	yes	no	Comments
1. Were procedures established and in place for responding to the disaster?			
2. Were procedures used to organize initial and ongoing response activities?			
3. Was the ICS used to manage field response?			
4. Was Unified Command considered or used?			
5. Was your EOC and/or DOC activated?			
6. Was the EOC and/or DOC organized according to SEMS?			
7. Were sub-functions in the EOC/DOC assigned around the five SEMS functions?			
8. Were response personnel in the EOC/DOC trained for their assigned position?			
9. Were action plans used in the EOC/DOC?			
10. Were action planning processes used at the field response level?			
11. Was there coordination with volunteer			

agencies such as the Red Cross?			
12. Was an Operational Area EOC activated?			
13. Was Mutual Aid requested?			
14. Was Mutual Aid received?			
15. Was Mutual Aid coordinated from the EOC/DOC?			
16. Was an inter-agency group established at the EOC/DOC level? Were they involved with the shift briefings?			
17. Were communications established and maintained between agencies?			
18. Was the public alert and warning conducted according to procedure?			
19. Was public safety and disaster information coordinated with the media through the JIC?			
20. Were risk and safety concern addressed?			
21. Did event use ESFs effectively and did ESF have clear understanding of local capability?			
22. Was communications inter-operability an issue?			

Additional Questions

20. What response actions were taken by your agency? Include such things as mutual aid, number of personnel, equipment and other resources. Note: Provide statistics on number of personnel and number/type of equipment used during this event. Describe response activities in some detail.

_____
_____
_____
_____
_____

21. As you responded, was there any part of SEMS/NIMS that did not work for your agency? If so, how would (did) you change the system to meet your needs?

_____
_____
_____
_____

22. As a result of your response, did you identify changes needed in your plans or procedures? Please provide a brief explanation.

_____
_____

_____
_____

23. As a result of your response, please identify any specific areas needing training and guidance that are not covered in the current SEMS Approved Course of Instruction or SEMS Guidelines.

_____
_____
_____
_____

24. If applicable, what recovery activities have you conducted to date? Include such things as damage assessment surveys, hazard mitigation efforts, reconstruction activities, and claims filed.

_____
_____
_____
_____

NARRATIVE
Use this section for additional comments.

_____
_____
_____
_____

POTENTIAL CORRECTIVE ACTIONS

Identify issues, recommended solutions to those issues, and agencies that might be involved in implementing these recommendations.   Address any problems noted in the SEMS/NIMS Function Evaluation. Also indicate whether issues are an internal agency specific or have broader implications for emergency management (Code I= Internal; R =Regional, for example, OES Mutual Aid Region, Administrative Regions, geographic regions, S=Statewide implications)

Code	Issues or Problem Statement	Recommended Solution	Agency(s)/Departments to be involved

OES - EMAC/SEMS After Action Survey

NOTE: Please complete the following section ONLY if you were involved with EMAC related activities.

Did you complete and submit the on-line EMAC After Action Survey form?
_____

Have you taken an EMAC training class in the last 24 months?
_____

Please indicate your work location(s) (State / County / City / Physical Address):
_____
_____

Please list the time frame from your dates of service (Example: 09/15/05 to 10/31/05):
_____
_____

Please indicate what discipline your deployment is considered (please specify):
_____
_____

Please   describe   your   assignment(s):
_____
_____
_____
_____

Questions:

You may answer the following questions with a "yes" or "no" answer but if there were issues or problems, please identify them along with recommended solutions, and agencies that might be involved in implementing these recommendations.

	Questions	Issues or Problem Statement	Recommended Solution	Agency(s) / Departments to be involved
1	Were you familiar with EMAC processes and procedures prior to your deployment?			
2	Was this your first deployment **outside** of California?			
3	Where your travel arrangements made for you? If yes, by whom?			
4	Were you fully briefed on your assignment prior to deployment?			
5	Were deployment conditions (living conditions and work environment) adequately described to you?			
6	Were mobilization instructions clear?			
7	Were you provided the necessary tools (pager, cell phone, computer, etc.) needed to complete your assignment?			
8	Were you briefed and given instructions upon arrival?			
9	Did you report regularly to a			

	Questions	Issues or Problem Statement	Recommended Solution	Agency(s) / Departments to be involved
	supervisor during deployment? If yes, how often?			
10	Were your mission assignment and tasks made clear?			
11	Was the chain of command clear?			
12	Did you encounter any barriers or obstacles while deployed? If yes, identify.			
13	Did you have communications while in the field?			
14	Were you adequately debriefed after completion of your assignment?			
15	Since your return home, have you identified or experienced any symptoms you feel might require "Critical Stress Management" (i.e., Debriefing)?			

Please identify any additional issues or problems below:

	Issues or Problem Statement	Recommended Solution	Agency(s) / Departments to be involved

Additional Questions

Identify the areas where EMAC needs improvement (check all that apply):

- ☐ Executing Deployment
- ☐ Command and Control
- ☐ Logistics
- ☐ Field Operations
- ☐ Mobilization and Demobilization

Comments:

_____
_____
_____
_____
_____

Identify the areas where EMAC worked well:

_____
_____
_____
_____
_____

Identify which EMAC resource needs improvement (check all that apply):

- ☐ EMAC Education
- ☐ EMAC Training
- ☐ Electronic REQ-A forms
- ☐ Resource Typing
- ☐ Resource Descriptions
- ☐ Broadcast Notifications

☐ Website

Comments:

_____
_____
_____
_____
_____

As a responder, was there any part of EMAC that did not work, or needs improvement? If so, what changes would you make to meet your needs?

_____
_____
_____
_____

Please provide any additional comments that should be considered in the After Action Review process (use attachments if necessary):

_____
_____
_____
_____
_____
_____
_____
_____

Report reviewed/approved by: _____ Date: _____