

State of Alaska
Division of Homeland Security and Emergency Management
After Action Report/Improvement Plan

Exercise Overview		
Community/Agency: Exercise Name: Begin: Date: Time: End: Date: Time:	Point of Contact: Title: Phone Number: E-mail:	
Grant Program <input type="checkbox"/> Citizens Corp (CCP) <input type="checkbox"/> Emergency Management Performance Grant (EMPG) <input type="checkbox"/> Local Emergency Planning Committee (LEPC) <input type="checkbox"/> Other _____	Type of Event <input type="checkbox"/> Actual <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Tabletop Exercise <input type="checkbox"/> Drill <input type="checkbox"/> Functional <input type="checkbox"/> Full-Scale Exercise	Mission Focus <input type="checkbox"/> Prevent <input type="checkbox"/> Protect <input type="checkbox"/> Mitigate <input type="checkbox"/> Respond <input type="checkbox"/> Recover

Exercise Scenario or Actual Event: Mark all appropriate blocks.		
<p style="text-align: center;">Natural Disaster</p> <input type="checkbox"/> Avalanche <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Landslide <input type="checkbox"/> Subsidence <input type="checkbox"/> Tsunami <input type="checkbox"/> Volcano <input type="checkbox"/> Winter Storm <input type="checkbox"/> Erosion <input type="checkbox"/> Other _____	<p style="text-align: center;">Technological</p> <input type="checkbox"/> Dam Failure <input type="checkbox"/> HAZMAT <input type="checkbox"/> Power failure <input type="checkbox"/> Radiological <input type="checkbox"/> Structure Fires <input type="checkbox"/> Transportation Accident <input type="checkbox"/> Airport <input type="checkbox"/> Other _____	<p style="text-align: center;">Homeland Security</p> <input type="checkbox"/> Hostage/Active Shooter <input type="checkbox"/> Chemical <input type="checkbox"/> Biological <input type="checkbox"/> Radiological <input type="checkbox"/> Nuclear <input type="checkbox"/> Explosion <input type="checkbox"/> Cyber <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Other _____

Number of Participant and Agencies Represented				
Local:	State:	Federal:	National Guard:	Military:
VOAD:	APIP:	Other States:	Other:	

Exercise Design Summary	
Exercise Core Capabilities and Objectives:	

Analysis of Core Capabilities Tested		
Mission Area	Event Results	Observations
	P -Performs without challenges S -Performs with some challenges M -Performs with major challenges U -Unable to perform	

All Mission Areas	P S M U	Observations
Planning	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Public Information & Warning	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Operational Coordination	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Prevention	P S M U	Observations
Forensics and Attribution	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intelligence & Information Sharing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Interdiction & Disruption	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Screening, Search and Detection	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Protection	P S M U	Observations
Access Control & Identity Verification	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cybersecurity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intelligence and Information Sharing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Interdiction & Disruption	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Physical Protective Measures	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Risk Management for Protection Programs & Activities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Screening, Search and Detection	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Supply Chain Integrity & Security	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

For Official Use Only

Mitigation	P S M U	Observations
Community Resilience	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Long-Term Vulnerability Reduction	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Risk & Disaster Resilience Assessment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Threats and Hazards Identification	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Respond	P S M U	Observations
Critical Transportation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Environmental Response/Health & Safety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fatality Management Services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fire Management & Suppression	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Infrastructure Systems	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Logistics & Supply Chain Management	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Mass Care Services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Mass Search & Rescue Operations	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
On-Scene Security, Protection & Law Enforcement	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Operational Communications	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Public Health, Healthcare & Emergency Medical Services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Situational Assessment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Recovery	P S M U	Observations
Economic Recovery	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Health & Social Services	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Housing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Natural & Cultural Resources	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Findings & Observations

Improvement Planning (IP)

(use the following format to complete the IP)

Action – What action needs to be completed to satisfy finding or observation?

Point of Responsibility – This is normally a position within the responsible agency and not an individual.

Estimated Completion Date

Lessons Learned

Conclusion/Additional Comments

Signature and Title

Date

--	--

DHS&EM Reviewing Official Signature

Date

--	--