

State of Alaska
Division of Homeland Security and Emergency Management
After Action Report /Exercise Performance Measures

1. Jurisdiction: Date(s) and Time of Event Begin: Date: Time: End: Date: Time:	2. Point of Contact Name: Title: Phone Number:
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3. Grant Program <input type="checkbox"/> Citizen Corp (CCP) (pg 1& 2) <input type="checkbox"/> Emergency Management Performance Grant (EMPG) (pg 1& 2) <input type="checkbox"/> Law Enforcement (LETPP) <input type="checkbox"/> Metro Medical Response (MMRS) <input type="checkbox"/> State Homeland Security (SHSP) <input type="checkbox"/> Other _____	4. 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 /Command Post <input type="checkbox"/> Full-Scale Exercise	5. Mission Focus of Exercise <input type="checkbox"/> Common <input type="checkbox"/> Prevent <input type="checkbox"/> Protect <input type="checkbox"/> Respond <input type="checkbox"/> Recover
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6. Hazard: (Mark appropriate blocks.)		
Natural	Technological	Homeland Security
<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"/> Wildfire <input type="checkbox"/> Winter Storm <input type="checkbox"/> Erosion <input type="checkbox"/> Other _____	<input type="checkbox"/> Dam Failure <input type="checkbox"/> Hazardous Material-Fixed Facility <input type="checkbox"/> Hazardous Material-Transportation <input type="checkbox"/> Power Failure <input type="checkbox"/> Radiological-Fixed Facility <input type="checkbox"/> Radiological-Transportation <input type="checkbox"/> Structural Fires <input type="checkbox"/> Transportation Accident (Air, Rail, Highway, Water) <input type="checkbox"/> Airport <input type="checkbox"/> Other _____	<input type="checkbox"/> Hostage <input type="checkbox"/> Chemical <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Cyber <input type="checkbox"/> Biological <input type="checkbox"/> Radiological <input type="checkbox"/> Nuclear <input type="checkbox"/> Explosive <input type="checkbox"/> Other _____

7. Number of Participants (Enter number of participants in Jurisdiction boxes and Discipline lines.)

Federal	State	Local	Military
# <u>Discipline</u> _____ Communications _____ Military Support _____ Fire _____ Law Enforcement _____ Search and Rescue _____ Public Information	# <u>Discipline</u> _____ EMS _____ Public Works _____ Elected Officials _____ Appointed Officials _____ Utilities _____ Health and Medical _____ Human Services	# <u>Discipline</u> _____ Emergency Planning _____ Finance _____ Private Industry _____ Radiological _____ Volunteer Agencies _____ Other _____	

Local Official Signature and Title	Date

Not for Public Release (AS 40.25.120)

Alaska Division of Homeland Security and Emergency Management Contact: _____

Jurisdictional/Departmental Contact: _____

Target Capabilities Tested	Event Results			State Review Officer
	S = Satisfactory	NI = Needs Improvement	NT = Not Tested	
	S	NI	NT	
<i>Common Capabilities</i>				
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interoperable Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Citizen Preparedness and Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Prevent Mission</i>				
Information Gathering & Threat Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intel/Information Sharing and Dissemination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Intelligence Analysis and Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Law Enforcement Investigation and Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CBRNE Detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Protect Mission</i>				
Critical Infrastructure Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food and Agriculture Safety and Defense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epidemiological Surveillance & Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health Laboratory Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Response Mission</i>				
On-site Incident Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Operations Center Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Critical Resource Logistics and Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteer Management and Donation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Worker Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Safety and Security Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Animal Health Emergency Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Health and Vector Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Explosive Device Response Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Firefighting Operations/Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WMD/Hazardous Materials Response and Decontamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Citizen Protection: Evacuation and/or In-Place Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation and Quarantine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Search and Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Public Information & Warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Triage and Pre-hospital Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Surge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Supplies Management & Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mass Prophylaxis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mass Care (Sheltering, Feeding, and Related Service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fatality Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Recover Mission</i>				
Structural Damage Assessment & Mitigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restoration of Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Economic and Community Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CONFIDENTIAL: HOMELAND SECURITY SENSITIVE

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Other:

Comments (Rater or participant comments may be entered here.)

DHS&EM Reviewing Official Signature

Date

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PRINCIPAL FINDINGS OR SIGNIFICANT OBSERVATIONS:
1.
2.
3.
4.
IMPROVEMENT PLAN:
1. Action-
Point of Responsibility-
Estimated Completion Date-
2. Action-
Point of Responsibility-
Estimated Completion Date-
3. Action-
Point of Responsibility-
Estimated Completion Date-
4. Action-
Point of Responsibility-
Estimated Completion Date-