

For Official Use Only

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

Section 1: Exercise Overview

Jurisdiction:	Point of Contact
Exercise Name:	Name:
Begin: Date: Time:	Title:
End: Date: Time:	Phone Number:

Grant Program <input type="checkbox"/> Citizen Corp (CCP) <input type="checkbox"/> Emergency Management Performance Grant (EMPG) <input type="checkbox"/> Law Enforcement (LETPP) <input type="checkbox"/> Metro Medical Response (MMRS) <input type="checkbox"/> State Homeland Security (SHSP) <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/Command Post <input type="checkbox"/> Full-Scale Exercise	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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Exercise Scenario: (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 _____

Number of Participants and Agencies (be sure to include all non-governmental, tribal, and private organizations)

Local	State	Federal	Military

Section 2: Exercise Design Summary

Exercise Purpose / Goals & Objectives:

1. _____
2. _____
3. _____
4. _____
5. _____

Section 3: Analysis of Target Capabilities Tested	Event Results S = Satisfactory NI = Needs Improvement NT = Not Tested			Observations
	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"/>	

DISCUSSIONS OR OBSERVATIONS WITH CORRESPONDING RECOMMENDATIONS:

(Evaluator/Controller or Participant feedback may be entered here or attached)

1.

2.

3.

4.

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-

LESSONS LEARNED:

Section 4: CONCLUSION

Local Official Signature and Title

Date

DHS&EM Reviewing Official Signature

Date