

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"/> Local Emergency Planning Committee (LEPC) <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"/> Prevent <input type="checkbox"/> Protect <input type="checkbox"/> Mitigate <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 Core Capabilities Tested	Event Results P = Performed without challenges S = Performed with Some challenges M = Performed with Major challenges U = Unable to be Performed				Observations
P S M U					
<i>Mission Area: Prevention</i>					
Planning (all mission areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Information & Warning (all mission areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operational Coordination (all mission areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forensics and Attribution	<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"/>	
Screening, Search, and Detection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Mission Area: Protection</i>					
Access Control & Identity Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cyber security	<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 Mgt 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"/>	
<i>Mission Area: Mitigation</i>					
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 & Hazard Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Mission Area: Respond</i>					
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"/>	
Infrastructure Systems	<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	<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 & Private Services Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Health & 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"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Mission Area: Recovery</i>					
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"/>	
Infrastructure Systems	<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"/>	

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