# After Action Report (Short Form)

**Directions**: *This short form is for small incidents that do not involve activation of the EOP and/or HCC.*

# Incident / Exercise Name

|  |  |  |
| --- | --- | --- |
| **Incident Date:**  Click here to enter a date. | | **How was the incident identified?**  Click here to enter text. |
| **Incident Time:** | |
| **Incident Type:** Mass Gathering | | **Who was notified of the incident?** |
| **Location:** Click here to enter text. | |
|  | | |
| Event/Incident Summary:  Click here to enter text. | | |
| Response Actions Taken:  Click here to enter text. | | |
| Were supplies/equipment adequate for response? Yes | What factors caused and/or contributed to the emergency?  Click here to enter text. | |
| What specific lessons were learned?  Click here to enter text. | | |
| What actions should be recommended or implemented? (Include updates to plans/policies)  Click here to enter text. | | |

# Signature Page

Emergency Management After Action Report (Short Form)

A signed copy of this AAR will be kept on file in the Department of Emergency Management.

**Prepared By:**

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**Reviewed and Accepted:**  
  
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