

OES Evaluation Form - After Action Report (8100)
(No. 48 June 2005)

MODIFIED AFTER ACTION REPORT FORMAT <i>(Name of Disaster)</i>

GENERAL INFORMATION

Name of Agency	
Completed by	
Position	
Phone number	
State agency or Operational Area	
Dates of event (for your agency or OA; Began-ended using mm/dd/yyyy)	
Date report completed	

SEMS FUNCTION EVALUATION

MANAGEMENT (Public information, Safety, Liaison, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

FIELD COMMAND (Use for assessment of field operations, if applicable)

Field Command Type (i.e. Fire, Law Enforcement, Shelter, etc.):		
	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

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OPERATIONS (Law enforcement, fire/rescue, medical/health, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

PLANNING/INTELLIGENCE (Situation analysis, documentation, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

LOGISTICS (Services, support, facilities, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

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FINANCE/ADMINISTRATION (Purchasing, cost unit, etc.)

	Satisfactory	Needs Improvement
Overall Assessment of Function (check one)		

If "needs improvement" please briefly describe improvements needed:	
Planning	
Training	
Personnel	
Equipment	
Facilities	

AFTER ACTION REPORT QUESTIONNAIRE

Question	yes	no	N/A
Were procedures established and in place for response to the disaster?			
Were procedures used to organize initial and ongoing response?			
Was the ICS used to manage field response?			
Was Unified Command considered or used?			
Was your EOC and/or DOC activated?			
Was the EOC and/or DOC organized according to SEMS?			
Were sub-functions in the EOC/DOC assigned around the five SEMS functions?			
Were response personnel in the EOC/DOC trained?			
Were action plans used in the EOC/DOC?			
Were action planning processes used at the field response level?			
Was there coordination with volunteer agencies such as the Red Cross?			
Was an Operational Area EOC activated?			
Was Mutual Aid requested?			
Was Mutual Aid received?			
Was Mutual Aid coordinated from the EOC/DOC?			
Was an inter-agency group established at the EOC/DOC level?			
Was communications established and maintained between agencies?			
Was the public alerting warning conducted according to procedure?			
Was public safety and disaster information coordinated with the media?			

Additional Questions

What response actions were taken by your agency? Include such things as mutual aid, number of personnel, equipment and other resources.

Number of personnel: _____ Number/Type of equipment used: _____

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As you responded, was there any part of SEMS that did not work for your agency? If so, how would (did) you change the system to meet your needs?

As a result of your response, are any changes needed in your plans or procedures? Please provide a brief explanation.

As a result of your response, please identify any specific areas not covered in the current SEMS Approved Course of Instruction or SEMS Guidelines.

If applicable, what recovery activities have you conducted to date? Include such things as damage assessment surveys, hazard mitigation efforts, reconstruction activities, and claims filed. **(Please include number of personnel and the number and type of equipment used.)**

NARRATIVE

Use this section for additional comments. Identify issues, recommended solutions to issues, and agencies that might be involved in implementing these recommendations.

Issue	Recommended Solution	Agencies/departments To be involved

OES Only Form received on: _____ Form reviewed on _____