

# Self-Assessment Tool / After Action Report

Name of Facility: \_\_\_\_\_

Name/Title of Person Completing Report: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

## Drills/Exercises or Incident response

- |                                |                                       |  |   |
|--------------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> Fire  | <input type="checkbox"/> Power Outage | <input type="checkbox"/> Evacuation      | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Lockdown     | <input type="checkbox"/> Extreme Weather | _____                                     |

**Participation:** Provide a list of individuals and agencies participating in the event:

**Timeline of events:** Provide description of events and activities:

**Lessons learned:** Provide an overview of lessons learned related to personnel, training, coordination, logistics, etc.

**Discussion and recommendations:** Provide any recommendations for improvements or changes to the emergency plan and procedures and how they will be addressed.