



**AFTER ACTION/CORRECTIVE ACTION (AA/CA) REPORT  
SURVEY TEMPLATE**

for response to:

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Incident Name

**GENERAL INFORMATION**

Information Needed	Text goes in text boxes below.
<b>Name of Agency:</b>	
Type of Agency:* (Select one) * City, County, Operational Area (OA), State agency (State), Federal agency (Fed), special district, Tribal Nation Government, UASI City, non-governmental or volunteer organization, other.	
<b>Completed by:</b>	
<b>Date report completed:</b>	
<b>Position: (Use ICS positions)</b>	
<b>Phone number:</b>	
<b>Email address:</b>	
<b>Dates and Duration of incident:</b> (Beginning and ending date of response - using mm/dd /yyyy)	
<b>Type of incident:</b>	

**NIMS FUNCTION EVALUATION**

<b>MANAGEMENT (Public Information, Safety, Liaison, etc.)</b>		
<b>Overall Assessment of Function (check one)</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>If "needs improvement" please briefly describe improvements needed:</b>		
Planning		
Training		
Personnel		
Equipment		
Facilities		

<b>FIELD COMMAND (Use for assessment of field operations, i.e., Fire, Law Enforcement, etc.)</b>		
<b>Overall Assessment of Function (check one)</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>If "needs improvement" please briefly describe improvements needed:</b>		
Planning		
Training		
Personnel		
Equipment		
Facilities		

<b>OPERATIONS (Law enforcement, fire/rescue, medical/health, etc.)</b>		
<b>Overall Assessment of Function (check one)</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>If "needs improvement" please briefly describe improvements needed:</b>		
Planning		
Training		
Personnel		
Equipment		
Facilities		

<b>PLANNING/INTELLIGENCE (Situation analysis, documentation, GIS, etc.)</b>		
<b>Overall Assessment of Function (check one)</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>If "needs improvement" please briefly describe improvements needed:</b>		
Planning		
Training		
Personnel		
Equipment		
Facilities		

<b>LOGISTICS (Services, support, facilities, etc.)</b>		
<b>Overall Assessment of Function (check one)</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>If "needs improvement" please briefly describe improvements needed:</b>		
Planning		
Training		
Personnel		
Equipment		
Facilities		

<b>FINANCE/ADMINISTRATION (Purchasing, cost unit, etc.)</b>		
<b>Overall Assessment of Function (check one)</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>
<b>If "needs improvement" please briefly describe improvements needed:</b>		
Planning		
Training		
Personnel		
Equipment		
Facilities		

AFTER ACTION REPORT QUESTIONNAIRE  
(The responses to these questions can be used for additional NIMS evaluation)

Response/Performance Assessment Questions	Yes	No	Comments
1. Were procedures established and in place for responding to the disaster?			
2. Were procedures used to organize initial and ongoing response activities?			
3. Was the ICS used to manage field response?			
4. Was Unified Command considered or used?			
5. Was the EOC and/or DOC activated?			
6. How was the EOC structured?			
7. Were response personnel in the EOC/DOC trained for their assigned position?			
8. Were action planning processes used at the field response level?			
9. Was there coordination with volunteer agencies such as the Red Cross?			
10. Was Mutual Aid requested?			
11. Was Mutual Aid received?			
12. Was Mutual Aid coordinated from the EOC/DOC?			
13. Was an inter-agency group established at the EOC/DOC level? Were they involved with the shift briefings?			
14. Were communications established and maintained between agencies?			
15. Was the public alerted and warnings conducted according to procedure?			
16. Was public safety and disaster information coordinated with the media through the JIC?			
17. Were risk and safety concerns addressed?			
18. Did event use Emergency Support Function (ESF) effectively and did ESF have clear understanding of local capability?			
19. Was communications inter-operability an issue?			

Additional Questions

20. What response actions were taken by your agency? Include such things as mutual aid, number of personnel, equipment and other resources. **Note: Provide statistics on number of personnel and number/type of equipment used during this event. Describe response activities in some detail.**

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

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22. As a result of your response, did you identify changes needed in your plans or procedures? Please provide a brief explanation.

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23. As a result of your response, please identify any specific areas needing training and guidance that are not covered in the current Guidelines.

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24. 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.

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**NARRATIVE**

Use this section for additional comments.

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**POTENTIAL CORRECTIVE ACTIONS**

Identify issues, recommended solutions to those issues, and agencies that might be involved in implementing these recommendations. Address any problems noted in the ICS Function Evaluation.

Indicate whether issues are an internal agency specific or have broader implications for emergency management.

(Code: I= Internal; R =Regional, for example, Mutual Aid Region, Administrative Regions, geographic regions, S=Statewide implications)

Code	Issue or Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion

**ONLY USE THE FOLLOWING FOR RESPONSE ACTIVITIES RELATED TO EMAC**

***EMAC After Action/Corrective Action Report Survey***

**NOTE:** Please complete the following section **ONLY** if you were involved with EMAC related activities.

1. Did you complete and submit the on-line EMAC After Action Survey form for *(Insert name of the disaster)?*

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2. Have you taken an EMAC training class in the last 24 months?

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3. Please indicate your work location(s) (State / County / City / Physical Address):

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4. Please list the time frame from your dates of service (Example: 09/15/05 to 10/31/05):

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5. Please indicate what discipline your deployment is considered (please specify):

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6. Please describe your assignment(s):

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**Questions:**

You may answer the following questions with a “yes” or “no” answer, but if there were issues or problems, please identify them along with recommended solutions, and agencies that might be involved in implementing these recommendations.

#	Questions	Issues / Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion
1	Were you familiar with EMAC processes and procedures prior to your deployment?					
2	Was this your first deployment <b>outside</b> of Utah?					
3	Where your travel arrangements made for you? If yes, by whom?					
4	Were you fully briefed on your assignment prior to deployment?					
5	Were deployment conditions (living conditions and work environment) adequately described to you?					

#	Questions	Issues / Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion
6	Were mobilization instructions clear?					
7	Were you provided the necessary tools (pager, cell phone, computer, etc.) needed to complete your assignment?					
8	Were you briefed and given instructions upon arrival?					
9	Did you report regularly to a supervisor during deployment? If yes, how often?					
10	Were your mission assignment and tasks made clear?					
11	Was the chain of command clear?					
12	Did you encounter any barriers or obstacles while deployed? If yes, identify.					
13	Did you have communications while in the field?					
14	Were you adequately debriefed after completion of your assignment?					
15	Since your return home, have you identified or experienced any symptoms you feel might require "Critical Stress Management" (i.e., Debriefing)?					
16	Would you want to be deployed via EMAC in the future?					

Please identify any ADDITIONAL issues or problems below:

#	Issues or Problem Statement	Corrective Action / Improvement Plan	Agency(s)/ Depts. To Be Involved	Point of Contact Name / Phone	Estimated Date of Completion

Additional Questions

**Identify the areas where EMAC needs improvement (check all that apply):**

- Executing Deployment
- Command and Control
- Logistics
- Field Operations
- Mobilization and Demobilization

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify the areas where EMAC worked well:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify which EMAC resource needs improvement (check all that apply):

- EMAC Education
- EMAC Training
- Electronic REQ-A forms
- Resource Typing
- Resource Descriptions
- Broadcast Notifications
- Website

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a responder, was there any part of EMAC that did not work, or needs improvement? If so, what changes would you make to meet your needs?

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\_\_\_\_\_  
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Please provide any additional comments that should be considered in the After Action Review process (use attachments if necessary):

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\_\_\_\_\_  
\_\_\_\_\_

Form received on: \_\_\_\_\_ Form reviewed on: \_\_\_\_\_ **Reviewed By:** \_\_\_\_\_