

SAMPLE

After Action Report (AAR)

For (Enter Type of Event)

I. Functional/Key Activity Area: List one of the following:

- Management (MG)
- Public Information (PA)
- Liaison (LN)
- Planning/Intel (PI)
- Logistics (LG)
- Finance/Admin (FA)
- Operations (OP)
- Business Continuity (BC)
- Plant and Utilities (PU)
- Safety and Security (SS)
- Health and Medical (HM)

II. Issue (Designator and Description): Each Issue will be assigned a distinct Alpha/Numeric Designator for tracking and reference. The designator is comprised by the two digit Alpha code for the functional/key activity area applicable to the issue, followed by sequential numbers (within each functional area

III. Discussion: This section will discuss the issue or problem and report on its investigation. The Discussion section will clearly show the process that led to the Action statement provided below. It is in the Discussion section that any alternatives would be discussed and support provided for the subsequent action to be taken, and how that action will address resolution of the issue.

IV. Action: This is not a recommendation. It is an action-oriented statement written in a positive, declarative manner that provides the strategy and activities to mitigate against reoccurrence of the issue. The signature of the Medical Center Director or designee below authorizes the action to be taken. Accordingly, AARs must be fully coordinated and signed off by the Emergency Management Committee before being presented for approval.

V. Office of Primary Responsibility: Office that is assigned the action.

VI. Suspense Date: Date action is to be completed. This would usually be left blank for determination by the Medical Center Director.

(Signature of Medical Center Director or Designee)

Date