**After Action Report**

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| OLAFR/PCART/TAMU VET Disaster Training Exercise | 03/02-03/04/18 |
| **Incident** | **Date of Incident** |

|  |  |
| --- | --- |
| Your name |  |
| **Name of individual submitting report** | **Date of report** |

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| Your agency (PCART, OLAFR, GCART, OK-ACT, MRC, AH, etc. – please list all you are member of) | MRCNot needed if you don’t have with you |
| **Agency of individual submitting report** | **Badge or ID #** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Office phone** | **Office fax** | **Cell phone** |

**My Role –** *(Please list what your assigned role was, and any roles you were required to step in to fill as the exercise continued)*

**Strengths I Witnessed** *(What did you think about communication, problem solving, leadership, adaptability, other criteria that make things work smoothly?)*

**Improvements Needed** *(What were the “weaknesses” and can you suggest what would have helped you in your assigned job if you did this job again?)*

**Lessons Learned or Best Practices** *(What are your suggestions about how to make the entire process – your job plus other things you observed happening around you – as smooth, effective, and efficient as possible?)*