

After Action Review Report

School: _____

Date: _____

Event: (check one) Drill
 Fire
 Tornado
 Earthquake
 Lockdown

Tabletop
 Mock -Drill (Full Scale)

Incident: (check one) Fire
 Tornado
 Earthquake
 Lockdown
 Intruder
 Other: specify _____

Start time : _____
Time at which there was 100% accountability for students, staff, and visitors _____

After Action Review Record:
Time conducted _____
Individuals included: _____(continue on back)

Commendations:

Recommendations:

Signature: _____ Date: _____