

**State of Alaska**  
**Division of Homeland Security and Emergency Management**  
**After Action Report /Exercise Performance Measures**

<b>1. Jurisdiction:</b> <b>Date(s) and Time of Event</b>  <b>Begin: Date:            Time:</b>  <b>End:    Date:            Time:</b>	<b>2. Point of Contact</b> <b>Name:</b>  <b>Title:</b>  <b>Phone Number:</b>
--	---

<b>3. Grant Program</b> <input type="checkbox"/> Citizen Corp (CCP) (pg 1& 2) <input type="checkbox"/> Emergency Management Performance Grant (EMPG) (pg 1& 2) <input type="checkbox"/> Law Enforcement (LETPP) <input type="checkbox"/> Metro Medical Response (MMRS) <input type="checkbox"/> State Homeland Security (SHSP) <input type="checkbox"/> Other _____	<b>4. Type of Event</b> <input type="checkbox"/> Actual <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/> Tabletop Exercise <input type="checkbox"/> Drill <input type="checkbox"/> Functional /Command Post <input type="checkbox"/> Full-Scale Exercise	<b>5. Mission Focus of Exercise</b>  <input type="checkbox"/> Common <input type="checkbox"/> Prevent <input type="checkbox"/> Protect <input type="checkbox"/> Respond <input type="checkbox"/> Recover
---	--	--

<b>6. Hazard:</b> (Mark appropriate blocks.)		
<b>Natural</b>	<b>Technological</b>	<b>Homeland Security</b>
<input type="checkbox"/> Avalanche <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Landslide <input type="checkbox"/> Subsidence <input type="checkbox"/> Tsunami <input type="checkbox"/> Volcano <input type="checkbox"/> Wildfire <input type="checkbox"/> Winter Storm <input type="checkbox"/> Erosion <input type="checkbox"/> Other _____	<input type="checkbox"/> Dam Failure <input type="checkbox"/> Hazardous Material-Fixed Facility <input type="checkbox"/> Hazardous Material-Transportation <input type="checkbox"/> Power Failure <input type="checkbox"/> Radiological-Fixed Facility <input type="checkbox"/> Radiological-Transportation <input type="checkbox"/> Structural Fires <input type="checkbox"/> Transportation Accident ( Air, Rail, Highway, Water) <input type="checkbox"/> Airport <input type="checkbox"/> Other _____	<input type="checkbox"/> Hostage <input type="checkbox"/> Chemical <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Cyber <input type="checkbox"/> Biological <input type="checkbox"/> Radiological <input type="checkbox"/> Nuclear <input type="checkbox"/> Explosive <input type="checkbox"/> Other _____

**7. Number of Participants** (Enter number of participants in Jurisdiction boxes and Discipline lines.)

<b>Federal</b>	<b>State</b>	<b>Local</b>	<b>Military</b>
<b>#    <u>Discipline</u></b> _____ Communications _____ Military Support _____ Fire _____ Law Enforcement _____ Search and Rescue _____ Public Information	<b>#    <u>Discipline</u></b> _____ EMS _____ Public Works _____ Elected Officials _____ Appointed Officials _____ Utilities _____ Health and Medical _____ Human Services	<b>#    <u>Discipline</u></b> _____ Emergency Planning _____ Finance _____ Private Industry _____ Radiological _____ Volunteer Agencies _____ Other _____	

<b>Local Official Signature and Title</b>	<b>Date</b>

**FOR OFFICIAL USE ONLY: HOMELAND SECURITY SENSITIVE**

Not for Public Release (AS 40.25.120)

Alaska Division of Homeland Security and Emergency Management Contact: \_\_\_\_\_

Jurisdictional/Departmental Contact: \_\_\_\_\_

Target Capabilities Tested	Event Results			State Review Officer
	S = Satisfactory	NI = Needs Improvement	NT = Not Tested	
	S	NI	NT	
<i>Common Capabilities</i>				
<b>Planning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Interoperable Communications</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Citizen Preparedness and Participation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Risk Analysis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Prevent Mission</i>				
<b>Information Gathering &amp; Threat Recognition</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Intel/Information Sharing and Dissemination</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Intelligence Analysis and Production</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Law Enforcement Investigation and Operations</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CBRNE Detection</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Protect Mission</i>				
<b>Critical Infrastructure Protection</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Food and Agriculture Safety and Defense</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Epidemiological Surveillance &amp; Investigation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Public Health Laboratory Testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Response Mission</i>				
<b>On-site Incident Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Emergency Operations Center Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Critical Resource Logistics and Distribution</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Volunteer Management and Donation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Worker Health and Safety</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Public Safety and Security Response</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Animal Health Emergency Support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Environmental Health and Vector Control</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Explosive Device Response Operations</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Firefighting Operations/Support</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WMD/Hazardous Materials Response and Decontamination</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Citizen Protection: Evacuation and/or In-Place Protection</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Isolation and Quarantine</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Search and Rescue</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Emergency Public Information &amp; Warning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Triage and Pre-hospital Treatment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medical Surge</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medical Supplies Management &amp; Distribution</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mass Prophylaxis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Mass Care (Sheltering, Feeding, and Related Service)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Fatality Management</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Recover Mission</i>				
<b>Structural Damage Assessment &amp; Mitigation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Restoration of Lifelines</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Economic and Community Recovery</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

FOR OFFICIAL USE ONLY: HOMELAND SECURITY SENSITIVE

Not for Public Release (AS 40.25.120)

Alaska Division of Homeland Security and Emergency Management Contact: \_\_\_\_\_

Jurisdictional/Departmental Contact: \_\_\_\_\_

**Other:**

**Comments (Rater or participant comments may be entered here.)**

**DHS&EM Reviewing Official Signature**

**Date**

FOR OFFICIAL USE ONLY: HOMELAND SECURITY SENSITIVE

Not for Public Release (AS 40.25.120)

Alaska Division of Homeland Security and Emergency Management Contact: \_\_\_\_\_

Jurisdictional/Departmental Contact: \_\_\_\_\_

**EXERCISE OBJECTIVES:**

1.

2.

3.

**DISCUSSIONS OR OBSERVATIONS WITH CORRESPONDING RECOMMENDATIONS:**

1.

2.

3.

**LESSONS LEARNED:**

1.

2.

3.

<b>PRINCIPAL FINDINGS OR SIGNIFICANT OBSERVATIONS:</b>
<b>1.</b>
<b>2.</b>
<b>3.</b>
<b>4.</b>
<b>IMPROVEMENT PLAN:</b>
<b>1. Action-</b>
<b>Point of Responsibility-</b>
<b>Estimated Completion Date-</b>
<b>2. Action-</b>
<b>Point of Responsibility-</b>
<b>Estimated Completion Date-</b>
<b>3. Action-</b>
<b>Point of Responsibility-</b>
<b>Estimated Completion Date-</b>
<b>4. Action-</b>
<b>Point of Responsibility-</b>
<b>Estimated Completion Date-</b>