

State of Montana HSEEP

After Action Host Report Form

[Exercise Name]

After-Action Report/Improvement Plan

[Date]

**Instructions:** Please e-mail After Action Reports (AAR) and Improvement Plans (IP) to your Disaster and Emergency Services District Field Officer (DFO).

The DFO will review the AAR/IP for content then forward the report to the MT DES Office.

# Exercise Overview

|  |  |
| --- | --- |
| **Exercise Name** | [Insert the formal name of exercise, which should match the name in the document header] |
| **Exercise Dates** | [Indicate the start and end dates of the exercise] |
| **Scope** | This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters]. |
| **Mission Area(s)** | [Prevention, Protection, Mitigation, Response, and/or Recovery] |
| **Core Capabilities** | [List the core capabilities being exercised] |
| **Objectives** | [List exercise objectives]  [List primary plans/procedures, written guides, checklists and/or  un-written plans |
| **Plans Tested** |
| **Threat or Hazard** | [List the threat or hazard (e.g. natural/hurricane, technological/radiological release)] |
| **Scenario** | [Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)] |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Participating Organizations** | [Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.] |
| **Point of Contact** | [Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)] |

# Analysis of Core Capabilities

Aligning exercise objectives and core capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis.

Objective 1:

Core Capability:

Strength 1:

Strength 2:

Strength 3:

Area for Improvement (clearly state what was the problem or the gap):

Reference (what plan or procedure was used):

Analysis (provide the root cause of why this area did not go well):

Objective 2:

Core Capability:

Strength 1:

Strength 2:

Strength 3:

Area for Improvement (clearly state what was the problem or the gap):

Reference (what plan or procedure was used):

Analysis (provide the root cause of why this area did not go well):

# Analysis of Core Capabilities

**Continued**

Objective 3:

Core Capability:

Strength 1:

Strength 2:

Strength 3:

Area for Improvement (clearly state what was the problem or the gap):

Reference (what plan or procedure was used):

Analysis (provide the root cause of why this area did not go well):

Objective 4:

Core Capability:

Strength 1:

Strength 2:

Strength 3:

Area for Improvement (clearly state what was the problem or the gap):

Reference (what plan or procedure was used):

Analysis (provide the root cause of why this area did not go well):

# Appendix A: Improvement Plan

This IP has been developed specifically for [Your Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

The improvement plan is the end goal for any exercise. It identifies areas within a plan, policy or procedure that were discovered during the exercise that requires attention. The improvement plan also identifies an organization and timeline to correct the findings. Basically, the improvement plan may translate into line items on a workplan.

**Core Capability**:

**Area for Improvement**:

**Corrective Action**:

**Capability Element**:

**Primary Responsible Organization**:

**Organization POC**:

**Start Date**:

**Due Date**:

**Completion Date**:

**Improvement Plan**

**Continued**

**Core Capability**:

**Area for Improvement**:

**Corrective Action**:

**Capability Element**:

**Primary Responsible Organization**:

**Organization POC**:

**Start Date**:

**Due Date**:

**Completion Date**:

**Improvement Plan**

**Continued**

**Core Capability**:

**Area for Improvement**:

**Corrective Action**:

**Capability Element**:

**Primary Responsible Organization**:

**Organization POC**:

**Start Date**:

**Due Date**:

**Completion Date**:

# Appendix B: Exercise Participants

# Participating Organizations

**Federal**:

**Tribal**:

**State**:

**County**:

**Other**: