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AFTER ACTION REPORT

Building Emergency Manager: Click here to enter text.

Location: Click here to enter text.

Drill Scenario: Evacuation [ ]

Safe Shelter [ ]

 Other [ ]

Drill Objective: Click here to enter text

Date of Drill: Click here to enter text

Drill Start Time: Click here to enter text

Drill End Time: Click here to enter text

Estimated Participant Number: Click here to enter text.

(Building Occupants)

1. What worked?

Click here to enter text.

2. What needs improvement?

Click here to enter text.

3. Lessons learned?

Click here to enter text.

Submitted by: Click here to enter text.

 Click here to enter a date.

*Please submit to Office of Emergency Management within 7 days of drill.*