

After Action Report / Improvement Plan

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: _____

Time conducted: _____

Individuals included: _____ (continue on back)

Commendations: _____

Recommendations: _____

Signature: _____ Date: _____