AFTER ACTION REVIEW

Meeting 24/48hrs post incident **DATE_____**

Attendees: All activated ICS members

NAME:	ROLE:		NAME:	ROLE:

Meeting Length: 120 minutes

Note Taker:
Not filled by member of ICS

Facilitator:
Not filled by member of ICS

PRE-WORK:

- Summary of event
- What went well and why?
  1-5
- What can be improved and how?
  1-5

MEETING AGENDA

- (20min) Chronological events
- (15min) what was expected to happen.
- (15min) what actually happened?
- (20min) what went well and why?
- (20min) what can be improved and why?
- (20min) Because of your response, are any changes needed in your plans or procedures?
- (10min) Next steps and follow up