# [Exercise Name]

After-Action Report/Improvement Plan [Date]

## **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 drill, planned for [exercise duration] at [exercise location].			
Objectives	[List exercise objectives]			
Threat or Hazard	[List the threat or hazard (e.g. hurricane, radiological release, influenza, flooding, etc.)]			
Scenario	[Insert a brief overview of the exercise scenario.			
Sponsor	[Insert the name of the sponsor organization]			
Participating Organizations	[List participant organizations]			
Point of Contact	[Insert the name, title, agency, address, phone number, and email address of the primary exercise POC, or individual who wrote the After-Action Report.]			

The following sections provide an overview of the performance related to each exercise objective, highlighting strengths and areas for improvement.

### [Objective 1]

#### **Strengths**

The [full or partial] capability level can be attributed to the following strengths:

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

Add additional Strengths, as appropriate.

#### **Areas for Improvement**

The following areas require improvement to achieve the full capability level:

**Area for Improvement 1:** [Observation statement. This should clearly state the problem or gap.

**Reference:** [List any relevant plans, policies, procedures, regulations, or laws.]

**Analysis:** [Provide short summary of why the full capability level was not achieved.]

Add Additional **Areas for Improvement** if needed

#### **Objective 2**

#### **Strengths**

**Strength 1:** [Observation statement]

**Strength 2:** [Observation statement]

**Strength 3:** [Observation statement]

Add additional Strengths, as appropriate.

#### **Areas for Improvement**

**Area for Improvement 1:** [Observation statement. This should clearly state the problem or gap.

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide short summary of why the full capability level was not achieved.]

Add Additional **Areas for Improvement** if needed

## **APPENDIX A: IMPROVEMENT PLAN**

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

Corrective Action	Primary Responsible Organization	Organization POC	Start Date	Completion Date
	Action	Corrective Responsible Organization	Corrective Action  Responsible Organization POC  Organization	Corrective Action  Responsible Organization POC  Start Date

Add additional rows, as needed.