After Action Report

School: _____

Person Completing Report: _____

Title: _____

Report Preparation Date: _____

Event / Incident Date: _____ Event / Incident Time: _____

Time at which accountability for students, staff, and visitors was completed: _____

Mark One

☐ Incident

☐ Drill

Incident Type

☐ Active Shooter ☐ Severe Weather & Natural Disasters

☐ Aircraft Emergency ☐ School Disturbances

☐ Bomb Threat ☐ Terrorism

☐ Child Missing / Kidnapped / Left at School ☐ Threat Management Process

☐ Fire Emergency ☐ Utility Failures

☐ Hazardous Material Spills or Release ☐ Weapons

☐ Hostage Situation ☐ Workplace Violence

☐ Medical Emergencies ☐ Other _____

Response Information

☐ Evacuation ☐ Severe Weather Safe Area

☐ Alert Status ☐ Shelter in Place

☐ Lockdown ☐ Drop, Cover and Hold

Resources Utilized

☐ Fire ☐ DMH (DC Department of Mental Health)

☐ EMS (Emergency Medical Services) ☐ EST (Executive Support Team)

☐ MPD (Metropolitan Police Department) ☐ HSEMA (Homeland Security and Emergency Management Agency)

☐ DOH (DC Department of Health) ☐ Other _____

Narrative

_____

_____

_____

_____

Signature: _____ Date: _____