



NM DHSEM After Action Report / Improvement Plan (AAR/IP)

Input Form



Name	
Jurisdiction	
Exercise Name	
Date(s) of Exercise	
Core Capability	
Activity	
Observation	
<input type="checkbox"/> Strength	<input type="checkbox"/> Area for Improvement
Capability Elements That Apply	
<input type="checkbox"/> Planning <input type="checkbox"/> Organization and Leadership <input type="checkbox"/> Personnel	<input type="checkbox"/> Equipment and Systems <input type="checkbox"/> Training <input type="checkbox"/> Exercises, Evaluations, and Corrective Actions
References (Standards, Policies, or Plans)	1. 2. 3.
Analysis - What was the impact of the action you observed? - What was the root cause of the area for improvement?	
Recommendations	1. 2. 3.