



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

Input Form



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