



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. |