

**Dallas Medical Operations Center  
EXERCISE/EVENT AFTER ACTION REPORT**

**AFTER ACTION  
REPORT**

**Exercise/Event Hazard Scenario** \_\_\_\_\_

**Exercise/Event Level** \_\_\_\_\_

**Name of Person Completing :** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## **EXECUTIVE SUMMARY:**

### **Overview:**

### **Major Strengths Demonstrated:**

**SECTION 1: EXERCISE/EVENT OVERVIEW:**

**1.1. Exercise/Event Name:**

**1.2. Date(s):**

**1.3. Exercise/Actual Event Scenario:**

**1.4. Location(s):**

**1.5. Organizations & Participants:**

<b>Agency / Organization</b>

**1.6. Overview:**

**SECTION 2: EXERCISE/ACTUAL EVENT EVENTS**  
**(Time Sequenced Master Scenario Events List)**

**SECTION 3: CONCLUSIONS**

**Dallas Medical Operations Center**  
**CORRECTIVE ACTION / IMPROVEMENT PLAN**

Area of Concern	Corrective / Improvement Action	Responsible Party/Agency	Projected Completion Date
