

WEM After Action Information Form

The County Director will submit an **electronic copy** of the After Action Report, Improvement Matrix and After Action Information Form to the Regional Director who will **forward an electronic copy** of these documents to cregg.reuter@wisconsin.gov

Please submit along with Copy of After-Action Report

County:



Type of Exercise:

Location of Exercise:

Yes No

Date/s of Exercise: Was this Exercise Funded by a Grant from OJA?

Hazard:

Please enter only one (1) P for the Primary Hazard and, if needed, one (1) or more S's for Secondary type(s) of Hazard(s).

Natural	P or S	Technological	P or S	National Security/Terrorism	P or S
Tornado		Dam Failure		Biological	
Drought		Hazardous Materials – Fixed Facility		Chemical	
Flood		Hazardous Materials – Transportation		Civil Disorder	
Winter Storm		Power Failure		Cyber	
Wild Fire		Radiological – Fixed Facility		Explosive	
Landslide		Radiological – Transportation		Hostage	
Subsidence		Structural Fires		Nuclear/Radiological	
		Transportation Accidents (Air/Rail/Highway/Water)			

Exercise Focus (Check one or more):

Preparedness
 Mitigation
 Response
 Recovery

For EPCRA Credit Provide EHS/HS Name CAS #

Indicate Number of Participants in each Category:

	Number		Number
Elected Official		Public Works	
Dispatch		Private Industry	
Emergency Management		Public Utilities	
EMS		Military	
Fire		Volunteer	
Law Enforcement		State	
Public Health		Federal	
Hospital		Other	
School		Total Number of Participants	