

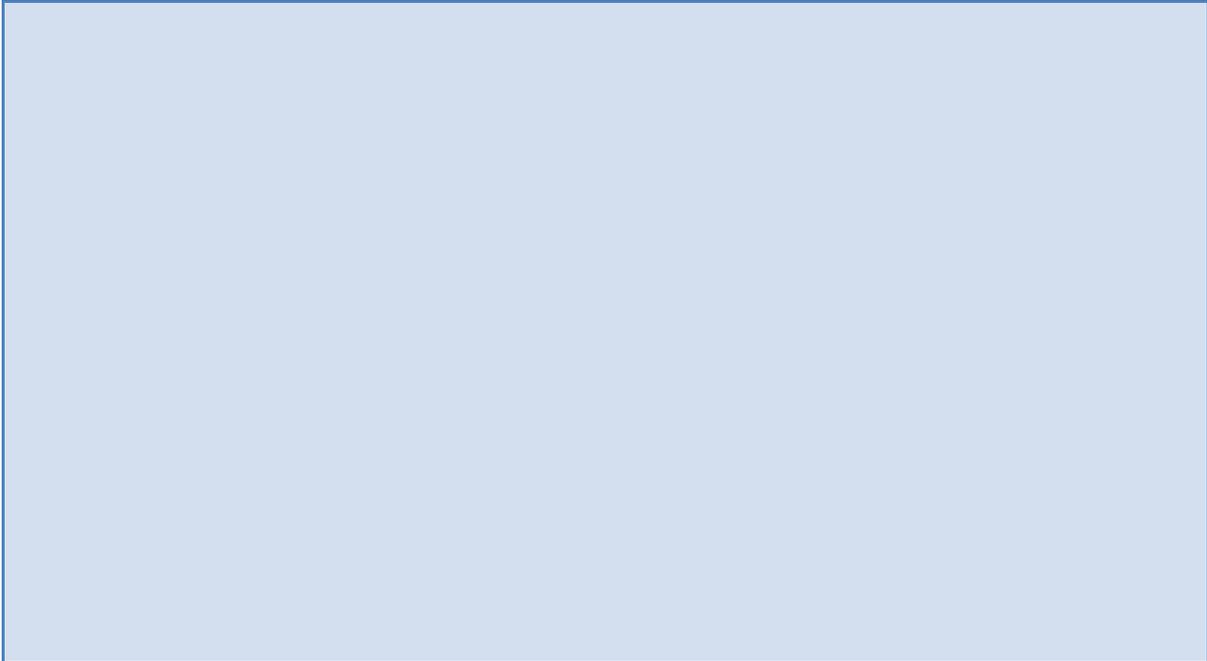
After Action Report		Page __ of __
Name:		
Dates of Deployment:		Location (s)
Phone- Work:		Cell:
E-mail		
Number served:		
Issues Addressed:		
Physical access		
Communication access		
Medical		

Independence (DME, CMS, Medications, etc)

Supervision

Transportation

What Worked?



What didn't work?

A large, empty rectangular area with a white background, intended for handwritten notes or answers to the question above.

What needs work?

