

***Montana DPHHS PHEP - After Action Report & Improvement Plan (AAR/IP)***

[Exercise/Event Name]

[Jurisdiction]

[Date]

**Instructions:** Complete this form to document Event/Exercise completion and document the Improvement Plan. The form’s intention is to standardize MT DPHHS PHEP AAR/IP reporting, meet the requirements of the Exercise program and align with HSEEP standards. Users of this form may modify as needed to fit their exercise needs.

**Note:** [Text found in this document that is highlighted and bracketed is included to provide instruction or to indicate a location to input text.]

# Exercise Overview

|  |  |
| --- | --- |
| **Scope** | This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters]. |
| **Mission Area(s)** | [Prevention, Protection, Mitigation, Response, and/or Recovery] |
| **PHEP Capabilities** | 1. [List the PHEP capabilities being exercised]  2. [List the PHEP capabilities being exercised]  3. [List the PHEP capabilities being exercised] |
| **Objectives** | 1. [List the objectives being exercised]  2. [List the objectives being exercised]  3. [List the objectives being exercised] |
| **Threat or Hazard** | [List the threat or hazard] |
| **Scenario** | [Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)] |
| **Sponsor** | [Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable] |
| **Point of Contact** | [Insert the name/contact information of the POC] |
| **AAR Tracking**  (Only required for MT PHEP AARs) | **AAR Author:** [Enter Name]  **Program Manager (PM):** Kevin O’Loughlin  **AAR Completion Date:** [Enter Date]  **AAR Submitted to ExCoord:** [Enter Date]  **AAR Submitted to PM:** [EXCoord - Enter Date]  **PM Approval Date:** [EXCoord - Enter Date] |

# Analysis of PHEP Capabilities

Aligning exercise objectives and PHEP capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned PHEP capabilities, and performance ratings for each PHEP capability as observed during the exercise and determined by the evaluation team.

| Objective | PHEP Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| [Objective 1 from Above] | [PHEP capability from Above] |  |  |  |  |
| [Objective 2 from Above] | [PHEP capability from Above] |  |  |  |  |
| [Objective 3 from Above] | [PHEP capability from Above] |  |  |  |  |
| [Objective 4 from Above] | [PHEP capability from Above] |  |  |  |  |

Table 1. Summary of PHEP Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the PHEP capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the PHEP capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the PHEP capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the PHEP capability were not performed in a manner that achieved the objective(s).

**Appendix A: Improvement Plan**

This IP has been developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Objective** | **PHEP Capability** | **Strength or Improvement** | **Observation** | **Corrective Action** | **Job Info / Progress** | | |
| **POC** | **Status** | **Notes** |
| [Objective Identified Above] | [PHEP Capability] | Choose an item. |  |  | [Enter POC Name] | Choose an item. |  |
| [Objective Identified Above] | [PHEP Capability] | Choose an item. |  |  | [Enter POC Name] | Choose an item. |  |
| [Objective Identified Above] | [PHEP Capability] | Choose an item. |  |  | [Enter POC Name] | Choose an item. |  |
| [Objective Identified Above] | [PHEP Capability] | Choose an item. |  |  | [Enter POC Name] | Choose an item. |  |
| [Objective Identified Above] | [PHEP Capability] | Choose an item. |  |  | [Enter POC Name] | Choose an item. |  |
| [Objective Identified Above] | [PHEP Capability] | Choose an item. |  |  | [Enter POC Name] | Choose an item. |  |
| [Objective Identified Above] | [PHEP Capability] | Choose an item. |  |  | [Enter POC Name] | Choose an item. |  |