DPHHS PHEP/ Jurisdiction/Tribal Name

Name of Ex

Tabletop Exercise (TtX)

After-Action Report/Improvement Plan

[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

**INSTRUCTIONS: Replace/update any highlighted areas to complete.**

# Exercise Overview

| **Exercise Name** | Name of Ex Tabletop Exercise (TTX) |
| --- | --- |
| **Exercise Date** | Date |
| **Scope** | This exercise is discussion based/virtual tabletop format. Exercise play was limited to invited participants to response partners. |
| **Focus Area(s)** | Response |
| **PHEP Capabilities** | Capability X: List Capabilities |
| **Objectives** | Add objectives of the TtX here. |
| **Threat/Hazard** | Add Threat/Hazard |
| **Scenario** | Scenario |
| **Sponsor** | Montana Department of Public Health and Human Services (DPHHS) – Public Health Emergency Preparedness (PHEP) Section.Or Jurisdiction/Tribal Name |
| **Point of Contact** | Name Title Contact info |

# Analysis of Capabilities

This table includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

SELECT PERFORMANCE RATING FOR EACH OBJECTIVE/CAPABILITY BELOW:

| Objective | PHEP Capability | Performed without Challenges (P) | Performed with Some Challenges (S) | Performed with Major Challenges (M) | Unable to be Performed (U) |
| --- | --- | --- | --- | --- | --- |
| x | Capability X:. | P | S | M | U |
| x | Capability X: | P | S | M | U |
| x | Capability X:  | P | S | M | U |

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities.

Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities.

Performed with Major Challenges (M): The targets and critical tasks associated with the 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.

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

# Strengths/Weaknesses & Areas for Improvement Identified

### Strengths

The following strengths were identified:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

Add additional Strengths if identified

### Weaknesses/Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement] This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.

Area for Improvement 2: [Observation statement]

Area for Improvement 3: [Observation statement]

Add additional Weaknesses/Areas for Improvement if identified

| Issue/Area for Improvement | Corrective Action | Responsible Person/Organization | Target Completion Date |
| --- | --- | --- | --- |
| {Area for Improvement] | [Corrective Action 1]  | [Person/Organization] | [Future Date] |
| [Area for Improvement] | [Corrective Action 2] | [Person/Organization] | [Future Date] |
| [Area for Improvement] | [Corrective Action 1] | [Person/Organization] | [Future Date] |

# Improvement Plan

Add additional Improvement Actions if identified

# Appendix: Exercise Participants

| **Participating Organizations** |
| --- |
| **Participating Agencies/Organizations** |
| [Jurisdiction]  |
| [Jurisdiction] |
| [Jurisdiction] |
| **Health Department Employees** |
| [Participant] |
| [Participant] |
| [Participant] |

Add additional jurisdictions/participants if needed.