

## **Local Authority After Action Review**

The intent of the Local Authority After Action Review is to review activities before, during, and after an event. Information provided will be used for the direct purpose of enhancing and improving both local authority and provincial government's preparedness and response activities. This document can be used for internal purposes or upon request by Manitoba EMO. Completed forms can be submitted via email: emo.rems@gov.mb.ca.

| Local authority:  |     |    |                     |     |    |
|---|-----|----|---------------------|-----|----|
| Date completed:   |     |    |                     |     |    |
| Prepared by:  |     |    |                     |     |    |
| Position:   |     |    |                     |     |    |
| E-mail address:   |     |    |                     |     |    |
| Phone number:   |     |    |                     |     |    |
| Incident name:  |     |    |                     |     |    |
| Type of incident:                                       |     |    |                     |     |    |
| Event start date:                                       |     |    | Event end date:     |     |    |
| EOC activation:   | Yes | No | SoLE declared:      | Yes | No |
| Evacuation required:                                    | Yes | No | Type of evacuation: |     |    |
| Incident summary (what happened from your perspective): |     |    |                     |     |    |



| Preparedness                                |     |    |           |  |
|---|-----|----|-----------|--|
| Did you feel prepared for this event?       | Yes | No | Comments: |  |
| Did you review and use your emergency plan? | Yes | No | Comments: |  |

| Response  |     |    |           |  |
|---|-----|----|-----------|--|
| Resources requested:  | Yes | No | Comments: |  |
| Mutual aid activated:   | Yes | No | Comments: |  |
| Did the Province provide adequate information:                              | Yes | No | Comments: |  |
| Did you feel supported by Manitoba EMO:                                     | Yes | No | Comments: |  |
| Did you receive timely updates by your local authority and/or the Province: | Yes | No | Comments: |  |

| Recovery   |     |    |           |  |
|--|-----|----|-----------|--|
| Did you implement your business continuity plan?                             | Yes | No | Comments: |  |
| Was the local authority able to resume operations in a timely manner?        | Yes | No | Comments: |  |
| Did the Province provide adequate emergency management recovery information? | Yes | No | Comments: |  |



| Mitigation  |     |    |            |  |
|---|-----|----|------------|--|
| Do you have recommendations for future local authority mitigation activities? |     |    |            |  |
| Do you have recommendations for future provincial mitigation activities?      |     |    |            |  |
|   |     |    |            |  |
| Other Comments  |     |    |            |  |
| Do you have any other recommendations for improvements?                       |     |    |            |  |
|   |     |    | Name:      |  |
| Council Approved:   | Yes | No | Signature: |  |
|   |     |    | Date:      |  |
|   |     |    |            |  |
| Authorizing Signature:  |     |    |            |  |
| Date:   |     |    |            |  |