



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

<b>General Order Number:</b> 01-26	<b>Effective Date:</b> November 26, 2018
<b>Division:</b> Administration and Organization	
<b>Chapter:</b> After Action Review (AAR)	
<b>By Order of the Fire Chief:</b> Benjamin M. Barksdale	<b>Issue Date:</b> November 26, 2018

**POLICY**

An After Action Review (AAR) will provide personnel with feedback on unit, group, division, and/or task performance, in training and incident mitigation. The AAR will identify how to correct deficiencies, sustain strengths, and focus on the completion of essential tactical benchmarks and/or training objectives.

**DEFINITIONS**

**After Action Review (AAR)** – A written critical summary or analysis of a past event for the purpose of re-assessing decisions and performance while considering alternatives for future reference.

**AAR Short Form** – An incident summary form completed for every structure fire.

**PROCEDURES / RESPONSIBILITIES**

**I. General Guidelines**

- A. The AAR provides an opportunity for Incident Commanders (ICs) to evaluate mission performance in a standardized format.
- B. The AAR will focus on evaluation of output tasks (tactics) utilized on an incident and comparing them against the intended outcomes (benchmarks). This format will provide an objective review of performance to ensure organizational goals are being achieved.
- C. The goal of an AAR is to improve the Department's operational performance, facilitate a growth mindset by encouraging a critical analysis of the overall incident, and encourage mission-oriented awareness.
- D. This information will also be used to determine common trends, training opportunities and future command competencies.



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**II. Objectives**

A. Information Required

1. A brief analysis of the overall operation. (What went well? Why?)
2. Address concerns through candid insights of a unit or leader. Specifically, strengths and weaknesses from various perspectives. (What didn't go well? Why?)
3. Insight and feedback critical to the successful completion of tactical benchmarks. (Were performance benchmarks or objectives met? What did you learn as the IC?)
4. Actions that will improve future performance.

**III. Requirements**

A. Formal AAR (Attachment A)

1. Any Working Fire Dispatch (WFD) – when two (2) or more attack lines are utilized.
2. Mass Casualty Incidents (MCI) – Defined in *General Order 05-10, Multiple Casualty Incident Operations*.
3. Vehicle collisions involving prolonged extrication (greater than 20 minutes) or requiring a second rescue squad.
4. Any incident requiring the operation of a specialty team.
5. Completion of AAR Short Form (Attachment B).

B. AAR Short Form (Attachment B, available through Target Solutions)

1. Completed on every “working” structure fire.

C. The report shall be completed by the Incident Commander and submitted to the Emergency Services Command Operational Performance Chief via chain-of-command within 14 days of the incident.

**REFERENCES**

N/A

**FORMS / ATTACHMENTS**

Attachment A – After Action Review Template  
Attachment B – After Action Review Short Form

## PGFD/EMS After Action Review Short Form

After Action Review short form to be used on small scale incidents

**Incident Number and Address \***

**Incident Commander \***

**Date of Incident \***

[Month V] [Day V] [2018 V]

**Time of Incident \***

[Hr V] : [Min V] [AM V]

**Weather Conditions \***

- Clear
- Rain
- Snow

**Air Temperature \***

- Greater than 85 degrees
- Less than 40 degrees
- Between 40 and 85 degrees

**Wind Speed Greater than 15 MPH \***

- Yes
- No

**Units Dispatched \***

List all units dispatched on the assignment

**Units that Operated \***

- First due engine, first due special service only
- 2 Engines, 2 Special Services
- Full box assignment
- Other

**List units if "Other"**

**Type of Structure \***

- Single Family/Duplex
- Townhouse
- Garden Apartment
- High Rise (greater than 5 stories)
- Commercial Building

**Approximate Square Footage of Occupancy \***

- Less than 1,000 square feet
- 1,000- 3,000 square feet
- 3,000 - 5,000 square feet
- Greater than 5,000 square feet

**Area Involved \***

- Multiple rooms
- Room and contents
- Kitchen
- Faulty outlet /appliance/electrical

- () Deck or Outside

**Working Smoke Alarm \***

- () Yes
- () No

**Number and Size of Hose Lines Operating \***

- () Single 1 1/2" or "trash line"
- () Single 1 3/4"
- () Single 2"
- () 2 or more handlines (Full AAR Required)

**Operational Period \***

Select most appropriate

- () Less than 15 minutes
- () 15 - 30 minutes
- () 30 - 60 minutes
- () Greater than 60 minutes

**Size up and 360 completed \***

- () Yes
- () No

**Reason "No" 360 was completed**

- () Size of structure
- () Obstruction (fence, debris, etc.)
- () Terrain

**Incident Action Plan Developed and Executed \***

Brief description of IAP

**Describe any operational issues or concerns \***

This information can be covered in the full AAR if required. Note as appropriate.

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FIRE/EMS DEPARTMENT



# AFTER ACTION REVIEW

ADDRESS  
DATE  
TIME  
INCIDENT #

Prepared by:

*Picture if available*

## Incident Overview and Dispatch

### Initial Actions and Benchmarks Achieved (to coincide with appropriate check sheet)

- Size Up
- 360 Report
- Initial Incident Action Plan
- Working Smoke Alarm
- Number of Operating Companies
- Approximate Square Footage of Dwelling
- Fire Unit Task Time
- Life Safety (Injuries)
- Near Miss (If yes, provide details)
- Exposure Report
- Rehab Completed
- Weather Conditions

### Units/Staffing/Assignment (Information is available on FirstWatch)

Units	Staffing	Assignment	Task Time
Engine			
Engine			
Engine			
Engine			

Truck			
Truck			
Tower			
Rescue Squad			
Ambulance			
Medic			
EMSDO			
WFD Engine			
WFD Truck			

### **TIMELINE and OPERATIONS**

- 16:59:13 EXXX arrived on the scene and advised of conditions found and identified attack mode.
- 17:02:00 Engine XXX arrived on the scene and established a water supply.
- 17:04:20 Engine XXX arrived and \_\_\_\_\_.

Command assignments:

- Incident Commander XXX
- Division X XXX
- Command Post XXX
- Safety X XXX
- Operations XXX
- EMS
- Rehab
- 

### **PERFORMANCE FEEDBACK**

- 1. How did it go? What went well? Why?**
- 2. What did not go well? Why?** (specific to unit or assignment, not individual)
- 3. Were tactical benchmarks met? If not, why?**
- 4. Lessons learned as IC specific to teamwork:**
- 5. What actions can be taken to improve future performance?**

**Concluding statement:**

Insert Pictures/Sketch of Operations:

Apparatus positioning, layout, hose line, ladder placements

Wind direction and presumed flow path based on tactical decisions