



---

# MABAS DIVISIONS 4 & 5 SRT

---

## Incident After Action Report Form

After each SRT incident, it is ultimately the responsibility of the affected department/district to complete this report. This report may be completed by the department/district or an SRT Team Leader/Coordinator (or Acting Team Leader/Coordinator that was present at the incident. The Team Leader/Coordinator or affected department/district may include additional information, reports and/or attachments, but must complete this form at a minimum. A sign-in sheet of those SRT team members that assisted at the incident should be attached to this form. It is recommended that the NIFRS report not be attached to this form. **The report must be typed and forwarded to the SRT Administrative Coordinator via email to [cloomis@srillinois.org](mailto:cloomis@srillinois.org) or fax to (866) 560-5538.**

Date of Incident: \_\_\_\_\_

Start Time: \_\_\_\_\_

Requesting Dept/Dist: \_\_\_\_\_

Team: \_\_\_\_\_

Location of Incident (full address/intersection/body of water):

Description of Incident:

Team Vehicles/Assets/Equipment Used:



# MABAS DIVISIONS 4 & 5 SRT

---

## Incident After Action Report Form

---

Actions taken by the Team:

Incident Outcome:



# MABAS DIVISIONS 4 & 5 SRT

## Incident After Action Report Form

Did the team have any vehicle/asset/equip. issues?  Yes  No

If yes, please describe the issues below:

Were any team members injured during the incident?  Yes  No

If yes, please indicate their name(s) and department/district below:

Sign-in sheet attached to this form?  Yes  No

Name of Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Once complete, this form must be submitted to the Chief of the affected department/district for their approval and signature below:

Fire Chief Signature: \_\_\_\_\_

### ADMINISTRATION USE ONLY

**Received:** Date: \_\_\_\_\_ By: \_\_\_\_\_

**Distributed:** Date: \_\_\_\_\_ By: \_\_\_\_\_