



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 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: _____

SRT ADMINISTRATION USE ONLY

Received:	Date: _____	By: _____
Distributed:	Date: _____	By: _____