



Los Angeles County Operational Area Disaster Communications Service

After Action Report (AAR)

District:

Date:

Activity:

Date of Event:

Time:

To Date:

Time:

Number of DCS Members:

Hours:

Please Attach A Copy of the Sign-In Sheet

DCS Incident Commander:

Include Unit ID

Net Control Operator(s):

Include Unit ID

DCS Safety Officer(s):

Include Unit ID

Command Post Location / Address:

Purpose of Activity:

Use Additional Sheets If Necessary

Who Requested DCS? Name:

Agency:

Overview of the Event / How Was DCS Used:

Use Additional Sheets If Necessary

Suggestions / Issues:

Use Additional Sheets If Necessary

Equipment / Modes of Communications Used:

Other Agencies Involved:

Prepared By:

Include Unit ID

Date:

Approvals:

DCO:

Include Unit ID

Date:

Executive Staff Officer Approvals:

Staff 10, 11 or 12:

Include Unit ID

Date:

Staff 1:

Date:

After Action Reports are to be submitted to the Executive Staff no later than 10 working days after the Event / Incident

Revised 7/22/2008, W-001