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| SAN MATEO COUNTY SHERIFF’S EMERGENCY SERVICES |
| **EVENT AFTER ACTION REPORT** |

*Please complete an after action report for all events.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE:** | |  | | | | | | **EVENT NAME:** | | | |  | | | | | | | | | | | | | | |
| **LOCATION (CITY):** | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE OF EVENT:** | | | |  | | CALL OUT | | | | |  | FAIR/COMMUNITY EVENT | | | | | | | | |  | | PATROL | | | |
|  | CEREMONIAL | | | | |  | | MEETING | | | |  | TRAINING | | | OTHER: | | | | |  | | | | | |
| UNIT | | | # OF PEOPLE | | X | | # OF HRS. EACH | | = | TOTAL HOURS | | UNIT | | # OF PEOPLE | | | X | | # OF HRS. EACH | | | = | | | TOTAL HOURS | |
| AIR SQUAD: | | | |  | X | |  | | = |  | | PAID PERSONNEL | | | | | | | | | | | | | | |
| BAMRU: | | | |  | X | |  | | = |  | | CLIFF RESCUE: | | |  | | | X | |  | | | | = | |  |
| CLIFF / DIVE: | | | |  | X | |  | | = |  | | ESB LIAISON: | | |  | | | X | |  | | | | = | |  |
| COMM. UNIT (SCU): | | | |  | X | |  | | = | 3 | | GROUP LIAISON: | | |  | | | X | |  | | | |  | |  |
| EXP. POST 810: | | | |  | X | |  | | = |  | | HONOR GUARD: | | |  | | | X | |  | | | | = | |  |
| EXP. POST 830: | | | |  | X | |  | | = |  | | DEM LIAISON | | |  | | | X | |  | | | |  | |  |
| MOUNTED SAR: | | | |  | X | |  | | = |  | | BOMB SQUAD: | | |  | | | X | |  | | | | = | |  |
| RESERVE DEPUTY: | | | |  | X | |  | | = |  | | SMSO: | | |  | | | X | |  | | | | = | |  |
| SMCSAR: | | | |  | X | |  | | = |  | | OTHER: | | |  | | | X | |  | | | | = | |  |
| SVIP / S.T.A.R.S. | | | |  | X | |  | | = |  | | **TOTAL: PEOPLE:** | | |  | | | | | **HOURS:** | | | | | |  |

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| ***Please explain any major events, problems, or injuries that occurred and/or comments.*** |
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| SUBMITTED BY: |  |
|  | (PLEASE PRINT YOUR NAME) |

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| PERSONNEL LOG | | 1. INCIDENT NAME | | | 2. DATE PREPARED | | 3. TIME PREPARED |
|  | | |  | |  |
| 4. UNIT NAME/DESIGNATOR | | 5. UNIT LEADER & POSITION | | | 6. OPERATIONAL PERIOD | | |
|  | |  | | |  | | |
|  | NAME (PRINT) | ORGANIZATION | DATE/TIME  IN | DATE/TIME  OUT | | ASSIGNMENT | |
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