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

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

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| **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/TIMEIN | DATE/TIMEOUT | ASSIGNMENT |
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