



SAN MATEO COUNTY SHERIFF'S EMERGENCY SERVICES BUREAU

EVENT AFTER ACTION REPORT

DATE:		EVENT NAME:	
LOCATION (CITY):			
TYPE OF EVENT:		CALLOUT	COMMUNITY EVENT
MEETING	TRAINING	CEREMONIAL	OTHER:
UNITS - VOLUNTEERS	# OF PEOPLE	TOTAL HOURS	UNITS - PAID PERSONNEL
AIR SQUAD:			LAW LAISION:
BAMRU:			GROUP LIASION:
CLIFF RESCUE:			CLIFF RESCUE:
DIVE UNIT:			MARINE UNIT:
MARINE UNIT:			UAS UNIT:
COMM UNIT (SCU):			BOMB SQUAD
EXP. POST 810:			SMSO:
EXP. POST 830:			OTHER:
MOUNTED SAR:			OTHER:
RESERVE DEPUTY:			OTHER:
SMCSAR:			OTHER:
SVIP:			OTHER:

TOTAL PEOPLE:	
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TOTAL HOURS:	
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SUBMITTED BY: _____

PLEASE ATTACH A COMPLETED SIGN IN SHEET

Please explain any major events, problems, or injuries that occurred and/or comments.

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