**Name of Organization**

**Disaster Recovery**

**Report and Improvement Plan**

Dec 2021

**Revision History**

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| --- | --- | --- | --- |
| Revision Number | Revision Date | Summary of Changes Made | Changed By |
| DRAFT | 11/24/2021 | Draft version Created | Stealth Group |
| FINAL | 12/8/2021 | Final | Davies |
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**Instructions**

The (Name of Organization) DR Report and Improvement Plan is designated For Official Use Only (FOUO) and is the property of (Name of Organization). Only (Name of Organization) representatives may distribute this document to individuals on a need-to-know basis. Distribution by other individuals without prior authorization is prohibited. This document is unclassified but contains sensitive information.

## Exercise Location

[Organization] in [City, Town, County], [State].

## Exercise Date and Time

[Date], [Time],

## Exercise Attendees

Exercise Participants included representatives from the following agencies/ jurisdictions:

* [List Participating Agencies]
* [List Participating Agencies]
* [List Participating Agencies]
* [List Participating Agencies]

## Purpose

The After-Action Meeting (AAM) is conducted to review the Situation Manual (SitMan) for the DR Tabletop exercise to confirm the content and underlying procedures. The review of the SitMan is also intended to clarify and gather any inaccurate or missing information.

This After-Action Report (AAR) provides an overview of what was discussed and agreed at the last meeting, including agreements made among exercise planners.

Exercise Executive Summary

The [Organization] conducted a Disaster Recovery Tabletop Exercise on [Date]. The exercise was developed to validate the organizational ability to respond to a disaster in the workplace. The tabletop exercise was developed and evaluated using objectives identified as critical components of a disaster recovery response, with an intention to strengthen resilience going forwards.

The DR Tabletop Exercise addressed all the evaluated recovery/response objectives and provided an opportunity for the organization and partners to demonstrate the effectiveness of the current DR plans.

Participants should use the results of the exercise documented here to review and update DR plans. Subsequent exercises should test specific improvements instituted because of this exercise, including the enhancement of all DR plans.

The objectives for this tabletop exercise were:

1. **Incident Assessment and Notification** – assess leadership’s ability to process and disseminate accurate information regarding the nature and extent of the hazard, any cascading effects, and the status of the response while providing this information with staff and first responders in a timely and direct manner.
2. **Population/Critical Systems Protective Actions** – demonstrate, in accordance with applicable plans, policies, and procedures, the capability of organizational leadership to develop an action plan and safely implement protective actions to protect staff and essential infrastructure/commodities during and post disaster.
3. **Disaster Recovery** – demonstrate leaderships’ ability in decision making for the resumption of organizational activities in a timely, efficient, and sustainable manner.

Major Strengths

The major strengths identified during this exercise are as follows:

* Enter Major Strengths.

Areas for Improvement

As a result of the exercise, opportunities for improvement were identified. The primary areas for improvement, including recommendations, are as follows:

* Enter Primary Areas for Improvement.

Improvement Plan

The Improvement Plan (IP) specifically details what actions will be taken to address each recommendation presented in the After-Action Report (AAR), who or what agency will be responsible for taking the action, and the timeline for completion.

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| **Observed Area for improvement** | **Corrective Action Descriptions** | **Primary Responsible Agency** | **Person Responsible** | **Date for Completion** |
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Points of Contact

**Lead Exercise Planner:**

[Contact Information]

**Venue Host:**

[Contact Information]

**Exercise Facilitator:**

[Contact Information]

**Evaluators:**

[Name and Agency]

[Name and Agency]

[Name and Agency]

[Name and Agency]