<<Fill in Exercise Name>>

Click here to select University/College

<< Fill in Department Name>>

Select Date of Exercise

**Administrative Handling Instructions**

The information gathered in this AAR/IP is For Official Use Only for the Occupant Emergency Plan (OEP). Completion of this document is the final step in receiving credit for your exercise. This document will be disseminated only on a need-to-know basis.

**UW Madison Police Department Point of Contact:**

Name

Title

Agency

Street Address

City, State ZIP

Phone xxx-xxx-xxxx

E-mail

**Building Point of Contact:**

Name

Title

Agency

Street Address

City, State ZIP

Phone xxx-xxx-xxxx

E-mail

**Executive Summary**

<<Click here to provide a brief summary of the exercise. Include exercise type (tabletop, functional or full scale), duration, location, and names/titles of all people involved.>>

**Objectives**

<<Insert objectives here>>

**Major Strengths**

The major strengths identified during this exercise are as follows:

* <<List major strengths here>>

**Primary Areas for Improvement**

The primary areas for improvement, including recommendations, are as follows:

* <<List primary areas for improvement and specific recommendations for improvement here>>

**Scenario Summary**

**<<**Describe the scenario here>>

**Improvement Plan**

Instructions: For each recommendation for improvement in the 'primary area for improvement' section, describe the corrective action to be taken. Identify the lead person responsible for seeing that it is done, and the desired completion date. Insert additional rows as needed.

| **Recommendation** | **Corrective Action Description** | **Primary Responsible Party** | **Completion Date** |
| --- | --- | --- | --- |
| 1. Insert Recommendation | Insert Corrective Action | Insert Name | Due Date |
| 2. Insert Recommendation | Insert Corrective Action | Insert Name | Due Date |
| 3. Insert Recommendation | Insert Corrective Action | Insert Name | Due Date |
| 4. Insert Recommendation | Insert Corrective Action | Insert Name | Due Date |
| 5. Insert Recommendation | Insert Corrective Action | Insert Name | Due Date |

**Send completed documents to: Emergencymgt@mhub.uwpd.wisc.edu**